

GANPAT UNIVERSITY

(Established under Gujarat State Act No. 19 of 2005)

GANPAT VIDYANAGAR

Kherva - 382711, Ta. & Dist. Mehsana (N. Guj.)

APPLICATION FORM FOR OBTAINING THE CERTIFICATE OF MIGRATION

IMPORTANT INSRUCTIONS

1. The fee of 300/- (Rs. Three Hundred Only) should be sent to the Registrar, Ganpat University Ganpat Vidyanagar, by Indian Postal Order / Demand Draft or paid in cash.
2. The application for the Migration Certificate be accompanied by the Transference Certificate from the college / Institution last attended and the original marksheet or passing certificate (of the last examination) a true copy of each duly certified by the Principal / Head of the College / Institution concerned.
3. The application for the Migration Certificate will not be entertained if the required documents are not supplied.

TO BE FILIED IN BY THE APPLICANT

- (1) Name in full in Capital Letters : _____
Beginning with surname & full _____
address _____
- (2) Name of College / University : _____
Department last attended in _____
this University _____
- (3) Name of all the examination of this University appeared.

| No. | Name of Examination | Main optional Subject | Centre | Seat No. | Month & Year of Exam | Result with Class if any |
|-----|---------------------|-----------------------|--------|----------|----------------------|--------------------------|
| i | | | | | | |
| ii | | | | | | |
| iii | | | | | | |
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| vi | | | | | | |

- (4) The Examination if any, of this University, at which the applicant appeared but which he / she failed to pass. or the admission to the Examination was cancelled.

| No. | Name of Examination | Month & Year of Examination | Result |
|-----|---------------------|-----------------------------|--------|
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- (5) Particulars regarding activity after the last Examination of this University in which he/she passed / failed or his / her admission to the Examination was cancelled. : _____

- (6) (A) Date on which the Transfer Certificate was applied for : _____

- (B) Date on which the T.C. was issued by the Principal/Head of the College / Institution, last attended by the applicant and T.C. No. : T. C. No. _____
 Date of Issue _____

- (7) Name of College and University Joined by the applicant / OR want to join for External Examination : College Name _____

 University _____
 Faculty _____
 Class _____

- (8) Name and address for sending the Migration Certificate : To, _____
 Shri / Smt / Kum _____

I have read all the instructions printed in this form and submit this form duly completed together with the prescribed fee and required documents with a certified copy of them through the Principal of the College / Head of the Institution last attended.

I Confirm that the information contained in this form is complete and correct to the best of my knowledge & belief.

Date : - -200

 Signature of the applicant

