



Serial No. : 08440

BHARATHIAR UNIVERSITY, COIMBATORE - 641 046.

FORM OF APPLICATION FOR MIGRATION CERTIFICATE

- Note :
- (i) The application should be forwarded to the Controller of Examinations with a **Demand Draft / Challan** for Rs. ^{350/-}175/- (including cost of application) drawn in favour of the **Registrar, Bharathiar University, Coimbatore - 641 046.** A sufficiently (Rs.....40) stamped self addressed envelop should be enclosed for sending the Migration Certificate by Registered Post. **The Fee, on no account be sent by money order.**
 - (ii) If the candidate has already obtained a Migration Certificate from this University and submitted the same to any University for joining a course of study therein, the candidate should obtain a Migration Certificate from that University. If the Migration Certificate already issued has not been utilized, the same should be surrendered to this office.
 - (iii) **A Copy of T.C. obtained from the college last studied and the mark statement of HSC or equivalent course should be enclosed.**

1. Name of the candidate as registered in this University :

2. The year, the college and course to which the candidate was first admitted in this University soon after Higher Secondary or equivalent course / Degree course

Year :

College :

Course :

3. HSC or equivalent exam. passed

(a) Month & year of passing :

(b) Register No. :

(c) School from which the Candidate appeared :

4. Details of last examination of this University which the candidate appeared for

(a) Last appearance

(b) Register Number

(c) Name of the Degree, Course and Branch

(d) College of study

5. Whether the candidate has discontinued the course of study after Joining but before appearing for any examination in this University

Yes / No

6. Fees payment details

DD / Challan No. : Dt.

Bank

Branch

Amount Rs.

7. The University in which the candidate now propose to join

8. ADDRESS to which the Migration Certificate should be sent :

Station

Date

Signature of the Candidate

FOR OFFICE USE:

Folio No. :

Date :

Initial :

Controller of Examinations