## DR. PANJABRAO DESHMUKH KRISHI VIDYAPEETH, KRISHI NAGAR, AKOLA - 444 104 (M.S.)



## **APPLICATION FORM FOR MIGRATION CERTIFICATE**

To,

The Registrar, Dr.Panjabrao Deshmukh Krishi Vidyapeeth, Akola

## Subject :- APPLICATION FOR ISSUE OF MIGRATION CERTIFICATE.

Sir,

aid University requires Migration
ity.Therefore, I request you to Head of Institute in which I
ertificate)

(As recorded in Leaving Certificate)

- 2. Name of Degree obtained from Dr.P.D.K.V. :-
- Name of Degree obtained from Dr.P.D.K.V. : Year and Month of Degree Examination Passed / Failed :-
- 4. Enrolment No. of Dr.P.D.K.V :-
- Name of college last attended :-5.

The necessary fee of Rs.400 /- (Rs.Four hundred only) has been remitted by me in cash by money receipt / Bank Draft of which is enclosed herewith.

I hereby solemnly declare that :-

- a) The above information furnished by me is true to the best of my knowledge and belief
- b) I have bot been expelled / debarred / rusticated from Dr.P.D.K.V., Akola OR
- c) I have been expelled or debarred / rusticated form appearing at University Examination registered for semester during academic year first/second term, but the peroid of such expulsion is over as per proof attached herewith.
- d) I have not applied for Migration to any other University after last enrolled in Dr.PDKV, Akola as detailed above.
- e) No dues of the Dr.P.D.K.V., are outstanding against me or any of the college/Department (affiliated)
- f) The Migration Certificate may be please be sent directly to the Principal /Associate Dean / Registrar /Director

(Name of College / Institute where admission is sought)

I have submitted No Objection Certificate, Bonafide Certificate and true copy/Xerox copy of Leaving Certificate duly attested as desired.

Place :-Date :-Full Address Of Students :-

Your Faithfully

(Signature of Student)

This	is to certify that Shri/Ku	is a bonafide student of
course	is to certify that Shri/Ku college, during the academic year M	who is admitted for
Place		
Date Name o	:- of College :-	Principal / Associate Dear
<u>). Obje</u>	<u>etion Certificate from the Associate Dear</u>	n/Principal of College/Institute Last Attende
dues ar	· · · · · ·	cate to the candidate mentioned above since no expelled/debarred/rustricated from this College
Place Date Name o		Principal / Associate Dear
1.		n to the course of study conducted by any other sary .In this case Migration Certificate will be
1.	University.Bonafide certificate is necess	n to the course of study conducted by any other sary .In this case Migration Certificate will be
2.	must have to e furnished while submittin	
3.	Attested true copy/attasted Xerox copy of must be attached to this application .	of the college leaving certificate attended last
4.	The prescribed application form must be admission is sought for further studies.	e sent through the Head of Institute where the
4. 5.	admission is sought for further studies.	the candidate directly and same shall be sent
	<ul> <li>admission is sought for further studies.</li> <li>Migration Certificate shall not be sent to to the concerned University /College ,ur</li> <li>Fee of Rs.400/- should be remitted in th Dr.PDKV,Akola ,10.00 a.m. to 3.00 p.m only payable Asstt.Registrar (GAD) , Dr.</li> </ul>	o the candidate directly and same shall be sent nder intimation to the candidate.
5.	admission is sought for further studies. Migration Certificate shall not be sent to to the concerned University /College ,ur Fee of Rs.400/- should be remitted in th Dr.PDKV,Akola ,10.00 a.m. to 3.00 p.m only payable Asstt.Registrar (GAD) , D address should be given on reverse of th	o the candidate directly and same shall be sent nder intimation to the candidate. e office of the Deputy Registrar (Acad.) n all working days in Cash or by Bank Draft r.PDKV.,Akola.The purpose & complete
5. 6.	<ul> <li>admission is sought for further studies.</li> <li>Migration Certificate shall not be sent to to the concerned University /College ,ur</li> <li>Fee of Rs.400/- should be remitted in th Dr.PDKV,Akola ,10.00 a.m. to 3.00 p.m only payable Asstt.Registrar (GAD) , Dr address should be given on reverse of the Bonafide Certificate is not necessary in</li> </ul>	o the candidate directly and same shall be sent nder intimation to the candidate. e office of the Deputy Registrar (Acad.) n all working days in Cash or by Bank Draft r.PDKV.,Akola.The purpose & complete he same .No other form of payment is allowed.
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