

## MAHARSHI DAYANAND UNIVERSITY, ROHTAK

(Form applying Migration from one Recognised College to Another)

- Note :
1. All the particulars, required below, should be eligible and accurately filled in by the candidate himself/herself. The office will not be responsible for any delay in case the form is not complete in all respects.
  2. To enable the office to expedite despatch of the certificate, the applicant advised, in his own interest to remit the fee of Rs. 500 for the certificate by Bank Draft in favour of Registrar/Finance Officer, M.D. University, Rohtak or Cash University receipt alongwith his application form in a registered cover to the Asstt./ Dy. Registrar (R & S) M.D. University, Rohtak.

### Particulars to be filled in by the Candidate

1. Name (Student) \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. University Regn. No. \_\_\_\_\_
4. Class \_\_\_\_\_ Arts/Science \_\_\_\_\_ College Roll No. \_\_\_\_\_
5. Subject taken \_\_\_\_\_
6. Name of the College where studying \_\_\_\_\_
7. Name of the college to which migration is sought \_\_\_\_\_
8. Previous examination results :  
 Matric/Sr. Secondary \_\_\_\_\_  
 Passed/Failed \_\_\_\_\_  
 Inter \_\_\_\_\_ Year \_\_\_\_\_ Roll No. \_\_\_\_\_
9. Reasons for migration \_\_\_\_\_
10. Fee of Rs. 20.00 remitted by :  
 a) Bank Draft No. \_\_\_\_\_ Dated \_\_\_\_\_ Bank \_\_\_\_\_  
 b) University Receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

Signature of the gurdian

Singnature of the Student

Dated \_\_\_\_\_

Address \_\_\_\_\_

#### RMARKS

Certified that :

1. the statement made by the student is correct
2. in case, Registration No. has not been received.
  - a) the registration return, along with fee etc. has already been sent.

OR

is being sent separately.

Signature of the Head of Dept./Principal of the college (item 6) & Office stamp. Remarks by the University Office Particulars are in order.

The certificate No. \_\_\_\_\_ may be issued

Dealing Asstt.

Supdt. (R &amp; S)

Address on which information is to be sent to the candidate  
(in capital letters)

#### REMARKS

1. Certified that this Dept./College is affiliated to this University for all the subjects offered by the applicant and I have no objection to this transfer. I will admit the student to the \_\_\_\_\_ year Class if the migration is allowed.
2. Certified that the seat allowed to the student is within the quota of seats allowed by the University Signature of Head of Dept./Principal of the College (item-7) & Office Stamp.  
Asstt./Dy Registrar

Name \_\_\_\_\_

Address \_\_\_\_\_