



# SRI GURU RAM DAS UNIVERSITY OF HEALTH SCIENCES, SRI AMRITSAR

## Application form for issuing Migration Certificate after completing UG/PG course

1. Name of Applicant: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. University's Registration No. \_\_\_\_\_
5. Date of Birth: (DD/MM/YYYY) \_\_\_\_\_ 6. Gender \_\_\_\_\_
7. College/Institution name last attended \_\_\_\_\_
  - a) Course Name \_\_\_\_\_
  - b) Month/Year of joining the course \_\_\_\_\_
  - c) Date of Completing/leaving the course \_\_\_\_\_
8. **Detail of last examination of this University in which appeared/passed**  
Examination \_\_\_\_\_  
Year/Session \_\_\_\_\_ Roll No. \_\_\_\_\_ Result \_\_\_\_\_
9. Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Pin-code \_\_\_\_\_
10. Contact/Mobile No. \_\_\_\_\_ Email: \_\_\_\_\_
11. Reason for Migration: \_\_\_\_\_
12. University Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Amount: \_\_\_\_\_

**Affix Recent  
Photograph  
of Applicant**

### I solemnly declare that:-

- (i) The particulars filled in by me are correct and nothing has been concealed;
- (ii) I did not appear in any other examination thereafter from this University;
- (iii) I shall be responsible for the consequences, if the above statements are found incorrect.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

### (Recommendation of the Principal of the College)

Forwarded with the remarks that the particulars mentioned overleaf are verified and I have no objection to the issue of the Inter-University Migration Certificate to the applicant and nothing is due against him/her.

\_\_\_\_\_  
Clerk's Signature

\_\_\_\_\_  
Signature of the Principal

**(FOR OFFICE USE)**

*Particulars verified vide Gazette/According to the Register of students*

**Allowed  
REGISTRAR**