



Pravara Institute of Medical Sciences Deemed University

Loni Bk - 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

(To be filled by the University office)

Migration Certificate No . P.I.M.S./ / 20 Date : / / 20

Application for Migration Certificate (To be filled in by the student)

Photograph
Attested by the
Principal
35 X 35 mm

(1) Name in full (beginning with Surname and in Block Letters)

Shri / Smt / Dr : _____

Name before marriage : (If Applicable) _____

S/O / D/O : _____

Mother's Name : _____

(2) Address : _____

(3) Particulars of D.D. of Rs. 500 /- No _____ Date : / / 200

Name of the Bank & Branch _____ or

Cash Receipt No. _____ Dated : / / 200

(4) College last attended with the Date of Leaving : _____

(5) Permanent Registration No : _____

(6) University to which the applicant proposes to Migrate. : _____

(7) Name of the College / University to which student wishes to join :

(8) Faculty to which student wishes to join : _____

(9) Examination of this University , if any, with year at which the applicant appeared but failed :

(a) Details of Examination failed :

Name of University	Examination Failed	Month & Year	Seat No.	Class	Subject

(b) Details of Examination passed :

Name of University	Examination Passed	Month & Year	Seat No.	Class	Subject

(10) Other particulars if necessary : _____

(11) I have carefully gone through the instructions given separately and have completed all the formalities mentioned therein. I shall be responsible for any error, omission, deletion in the entry of this application form .

Date : _____ Signature of the Applicant : _____

Name of the Applicant : _____

Recommendation of Head of Institute

This is to Certify that Mr. /Mrs ./Ms / Dr. _____

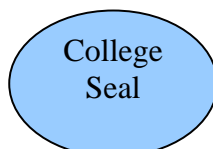
_____ was a bonafide student of _____

and has completed / failed in _____ Examination.

He / she has paid all the fees and dues standing against him / her. The College / Institute do not have objection to issue him / her Migration certificate.

The original Transfer Certificate is enclosed herewith.

Date:- / / 200



Signature of Principal / Director

Instructions to Migrating Applicants

1. The rules and regulations in respect of Migration are available on University Website.
2. Application form is available on the University Website and may be down -loaded if need be.
3. The Migration Fees Rs. 500 /- should be paid through Demand Draft of Nationalised Bank , drawn in favour of the ' Pravara Institute of Medical Sciences ' and payable at Loni – 413736, Tal : Rahata, Dist: Ahmednagar.
4. Kindly write name and address of the applicant on the reverse side of Demand Draft.
5. Please ensure that the following documents are attached along with the application form :
 - i) Transfer Certificate / Leaving Certificate of the last College attended (in original).
 - ii) Mark -Statement of the last Examination (True Copy).
 - iii) Demand Draft of Rs. 500/- (in the name of 'Pravara Institute of Medical Sciences' payable at 'Loni -413 736' of any Nationalised Bank).
 - iv) Duly attested photograph on migration application form with seal and signature of Principal .



Pravara Institute of Medical Sciences Deemed University

Loni Bk - 413 736, Tal. Rahata, Dist. Ahmednagar (MS)

To

The Registrar,
Pravara Institute of Medical Sciences, University
Loni(Bk)- 413 736 Tal.- Rahata,
Dist – Ahmednagar (MS)

Sir,

I have the honour to forward herewith an application of Mr. / Mrs. /Ms. /Dr.
_____ for Migration Certificate.

His / Her date of birth as entered in the college register is
_____ He / She has been a student of this college since
_____ and left / Re - admitted on _____

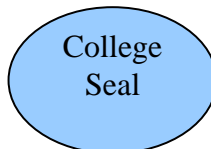
The Transfer Certificate is issued to the applicant on _____ and the same is
enclosed herewith in original .

This is to certify that the candidate has not submitted any application for Migration
Certificate prior to this date.

Place :

Yours faithfully ,

Date :



Principal / Director