



DR. A.P.J. ABDUL KALAM TECHNICAL UNIVERSITY

(FORMERLY UTTAR PRADESH TECHNICAL UNIVERSITY)

I.E.T Campus, Sitapur Road, Lucknow, U.P, India

APPLICATION FOR THE MIGRATION CERTIFICATE

1. NAME OF THE STUDENT _____
2. FATHER'S NAME _____
3. DATE OF BIRTH _____
4. COURSE/BRANCH _____
5. YEAR OF ADMISSION _____
6. YEAR OF PASSING _____
7. ENROLLMENT NO. _____
8. ROLL NO. _____
9. COURSE COMPLETED OR NOT _____
10. RESULT OF LAST COURSE _____
11. DIVISION / % _____
12. REASON FOR WITHDRAWAL _____

(Signature of Student)

Date:

CERTIFICATE

It is certified that above entries are correct and Mr./Mr./Mrs. _____, student of this institute has cleared his/her all dues. The conduct and behavior of the student during his/her stay in the college has been found good.

He/She has never been found indulged in ragging/punished for ragging.

The institute has no objection if his/her Migration is issued.

(Signature of the Director)

Name of Director/ Principal

Date & Seal

Note- Enclose photocopy of all year Marksheets/Degree