

**Pravara Institute of Medical Sciences** (Deemed to be University) Loni 413 736,Tal. Rahata, Dist. Ahmednagar, (MS) NAAC Reaccredited with 'A' Grade (CGPA 3.17)

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

Sir,

To

Ι	am	hereby	forwarding	an	applica	tion	of	Mr.	/ 1	Mrs.	/Ms.	/Dr.
						for	r Migr	ation	Cer	tifica	ate.	
-	•	,						_				
]	His	/ Her	date of bi	rth	as en	tered	in	the	coll	ege	regist	er is
			_He / She	ha	s been	a s	student	of	this	col	llege	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 :

Date :

College Seal Yours faithfully,

**Dean /Principal / Director** 

PRAVIALITY	Pravara Institute of Medical Sciences (Deemed to be University) Loni 413 736,Tal. Rahata, Dist. Ahmednagar, (MS) NAAC Reaccredited with 'A' Grade (CGPA 3.17)							
	(To be filled by the University office)							
Mig	ration Certificate No . P.I.M.S./ / 20 Date : / / 20							
(1)	Application for Migration Certificate (To be filled in by the student ) All Information should be CompalsaryPhotograph Attested by the Principal 35 X 35 mmNome in full (beginning with Sumame and in Plack Letters)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 :							
	Mobile No:							
(2)	Address:(In Detail)							
(3)	Particulars of D.D. of Rs. 500 /- No Date : / / 200							
	Name of the Bank & Branchor							
(A)	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 and Address of the Institute/ University to which student wishes to joir							
: (A1	ttach Provisional Admission Letter as a Proof)							
(8)	Faculty to which student wishes to join							

<sup>(9)</sup> 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 Dean / Principal / Director

## **Instructions to Migrating Applicants**

- 1. Application form is available on the University Website and may be down -loaded if needed.
- 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.
- 3. Kindly write name and address of the applicant on the reverse side of Demand Draft.
- 4. Migration Certificate will be sent to the Institution directly
- 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.
  - Provisional Admission letter along with name of the Institution and University to wich student is joining.