



# Sri Satya Sai University of Technology and Medical Sciences, Sehore

University Established by M.P. Legislature Act No. 06/2014 and Duly Recognized by UGC U/S 2(F)  
**FORM OF APPLICATION FOR ISSUE OF A MIGRATION CERTIFICATE**

(Application to be filled in by the students)

To,  
The Controller of Examination,  
Sri Satya Sai University of Technology and Medical Sciences  
Sehore (M.P.)

Sir,  
I request you kindly to issue a Migration Certificate in my favour as I intend to join the other University for Further Studies. I have already paid the prescribed fee of Rs..... through the bank Challan no. .... dated ..... Copy in support of my payment is attached herewith. Information to be furnished toward University is as follows.

\*Mention all the information in Capital letters

- 01. Student's Name ..... Roll No/Enrollment No.....
  - 02. Father/ Husband Name .....
  - 03. Name of the last examination passed from University..... & Year.....
- (Attach attested copies of marksheet)
- 04. Mention the duration of study in University. From..... to .....

I hereby declare that all the information contained in this application form is in accordance with facts or truths to my knowledge. I have not hidden any information.

Date:...../...../.....

**Signature of Examinee**

Address for correspondence; .....

.....

.....Pin code.....

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**For office use only**

- 1.Name of student..... Roll no/Enrollment No. ....
- 2. Whether Student has received migration certificate previously. (yes/no).....
- 3.Whether student has been disqualified in any examination due to unfair means. (yes/no).....

Forwarded for issuing Migration Certificate.

Date:...../...../.....

**Dean / Head of Department**

( Seal )