

मूल्य 20/- रूपये मात्र

**AYUSH AND HEALTH SCIENCES UNIVERSITY OF CHHATTISGARH**  
**RAIPUR (C.G.)**

**Application for Migration Certificate**  
**(THIS FORM TO BE FILLED BY THE CANDIDATE)**

PLEASE ATTACH ATTESTED MARK SHEET OF ALL EXAMINATIONS WITH THIS APPLICATION FORM

To,

The Registrar

Ayush & Health Sciences University of Chhattisgarh

Raipur (C.G.) Pin-492010

I------(Name of Candidate) Son/Daughter/Wife of (Father/Hasband Name)-----Passed/appeared/failed at the-----as a regular student-----from-----Now I desire to join the University of-----to study for the-----examination my Roll No. was-----and Enrolment No.-----  
(Give full details of all the examinations appeared from this University and enclose all attested photo copies of Marks Sheet accordingly. Without copies of Marks Sheet it will not be possible to issue the Migration Certificate. All attempts of appearing at all examination must also be show.)

Name of Exam	Roll No	Enrolment No.	Month	Year	Result
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

After above mentioned examination I have not appeared in any examination from University.

In case of unfair means:

Name of Exam-----Roll No. -----Month-----Year-----  
Result-----Vide Notification-----dated-----20-----

I request a Migration Certificate be granted to me. If the candidate requires Migration Certificate on the same day. Fee is Rs. 300/- only Ordinary fee 250/- only.

A fee of Rs. 300/- or 250/- has been paid at the University office by cash vide receipt No.-----

Dated-----or sent to the University by bank draft no-----dated-----

I have no objection to his/her Migrating to another University.

(Signature of the applicant)

Full Postal Address

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(Signature)

Dean/Principal

COLLEGE,(C.G.)

Dist-----

State-----

a. Roll No. , Enrolment No. and all details must be given correctly.

b. Fee should preferably paid by Bank Draft or deposited in the University cash counter.

(To be filled in by the University Office)

Fee of Rs. -----received and entered at No. -----of the receipt Register-----

-----20-----