



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा

Uttar Pradesh University of Medical Sciences,

Saifai, Etawah- 206130 (www.upums.ac.in)

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APPLICATION FOR MIGRATION CERTIFICATE

(समस्त विवरण अंग्रेजी के कैपिटल लेटर्स में लिखा जाये)

Name	
Fathers Name	
Gender (Male/Female)	
Enrollment No.	
Roll No.	
Examination	(Month.....Year.....)
Course	
WhatsApp No.	
Email ID.	
Name of the program for which migration certificate is required	
Name of the Institute for which migration certificate is required	
Name of University for which migration certificate is required	
Copy of the selection letter for which migration certificate is required	
Postal Address:-	

Note: The Student should fulfill the following criteria.

1. Fee receipt of Rs. 300/- (Three Hundred Only).
2. Photocopy of mark sheet. (Final Year).
3. Copy of the selection letter for which migration certificate required.

Signature of Candidate

Signature of HOD

Signature of Dean(Faculty of.....)