

Dr. Babasaheb Ambedkar Technological University

डॉ. बाबासाहेब आंबेडकर तंत्रशास्त्र विद्यापीठ

Lonere-402103 Tal- Mangaon, Dist- Raigad (M.S.) India.

Subcenter-Jalgaon

DBATU/SCJ/Notice/2023/188

सूचना पत्र

विदयापीठातील जळगांव उपकेंद्राअंतर्गत संलिग्नित संस्थांना सुचित करण्यात येते विदयापीठाचे स्थंलांतर प्रमाणपत्र (Migration Certificate) विदयापीठाचे जळगांव उपकेंद्र येथे उपलब्ध करुन दिले असुन विदयार्थांनी स्थंलांतर प्रमाणपत्राकरिता खालीलप्रमाणे कागदपत्रांची पुर्तता करणे आवश्यक आहे,

- 1. विदयार्थ्याचा अर्ज (कुलसचिव यांचे नावे)
- 2. सर्व उत्तीर्ण झालेल्या गुणपत्रिकाची सत्यप्रति (प्राचार्य यांचेकड्न सांक्षांकीत)
- 3. T.C. For Migration (Original Copy)
- 4. विदयार्थ्याने Migration करिता ज्या कॉलेजमध्ये प्रवेश घेतला त्याचे Bonafide /Fee Receipt / प्राचार्यांचे पत्र
- 5. Online SBI Collect Rs.100/- शुल्क भरल्याची पावती
- 6. Admission Fee Receipt
- 7. Self Declaration

Dr. Amol D. Landge
Co-ordinator
Dr.Babasaheb Ambedkar
Tech.University,Lonere
Sub-Center-Jalgaon

Date: - 04/08/2023

Application for Migration certificate

To,			
The Registrar,			
Dr. Babasaheb Ambedkar Technological University,			
Lonere, Tal. Mangaon, Dist. Raigad			
	Subject: Application for the Migration Certificate		
Name:	of Applicant:		
Addres	ss:		
Please	e give details		
1.	First/Direct Second Year admitted academic year:		
2.	Name of last Examination of this University:		
3.	Permanent Registration no.		
4.	Class: Branch :		
5.	Year of Examination :		
6.	Transfer certificate no.:		
7.	Other particulars (if any) :		
8.	Mobile no. :		
9.	Email ID:		
10.	. Adhar / Pan Card No.:		
	Date:		
	Place		
	Signature of applicant		

Forwarded to University

Signature of Principal

Annexure – A	

Self-Declaration

I	
Son/Daughter of	
Aged, occupation	resident of
	hereby declare that the Information to the best of my personal knowledge, Information and belief.
I fully understand the consequence	s of giving false information.
If the information is found to be fal	se, I shall be liable for prosecution and punishment
Under Indian Penal Code and /or ar	ny other law applicable thereto.
Place:	Applicant's Signature
Date:	Applicant's Name: