

KUVEMPU UNIVERSITY DIRECTORATE OF DISTANCE EDUCATION



Office of the Director, Jnanasahyadri, Shankaraghatta-577 451 Shimoga District, Karnataka. Phone:08282-256370 e-mail: info@kuvempuuniversitydde.org, website: kuvempuuniversitydde.org

APPLICATION FORM FOR ISSUE OF MIGRATION CERTIFICATE

1.	Student Nan (in Capital Le							
2.	Father's Nan	ne						
3.	Complete Po Address with Pin code							
4.	Mobile No. :				e Mail ID :			
5.	AADHAR Card No :							
6.	Particulars of Last Examination :							
Examination Passed			Year of Passing		ister Number in Marks card)	Max Marks	Marks Obtained	Grades Obtained
7.	Name of the Study Center and Address / Center Code No.							
	Amount Rs.1000/- ,	D .D No.	/ NEFT & Dat	te of	Issue :			
8.	Payment Details							

- 1. I hereby declare that the information provided is correct to the best of my knowledge and have paid all the fee due to the University.
- 2. I have not taken any migration certificate from the University before this.
- 3. I further certify that I have not enrolled with any other University/Institution after passing out from Kuvempu University up to this date.
- 4. In the event of any of the above information being found incorrect, the certificate shall be liable for cancellation by the University.

Signature of the Applicant

INSTRUCTIONS

- 1. A fee of Rs. 450/- should be remitted by way of a Demand Draft drawn in favour of "The Finance officer Kuvempu University "and payable at SBI Jnana Sahyadri Branch. IFSC Code SBIN0040759
- 2. At the time of submission of the application for the issue of Migration Certificate the applicant should attach Xerox copy of Statements all the Marks of Provisional Certificate issued by this University (duly attested) for verification.
- 3. **Duplicate Migration Certificate** can be issued once only on payment of **450/-** only in case the same has been lost, destroyed or mutilated, on submission of an **Affidavit** drawn up on a non-judicial stamp paper of the value of Rs. 20/- to be sworn before a Magistrate on the following format.

Format for Affidavit: (in Case of Duplicate / Second time application)							
"I		son/daughter of	resident				
of	hereby solemnly declare that the Migration Certificate No.						
UNI\ othe	/ERSITY to enable me to join		peen lost and I did not join any				
			Signature of the Applicant				
Date	::						
Plac			Name of the Applicant				
		FOR OFFICE USE ONLY					
	The information furnished by	y Shri./Smt./Kum	bearing				
1.	Register No	of Degree is corre	ect as per our office record.				
2.	He / She may be issue the Migration Certificate No Date :						
	Case Worker	Superintendent	Asst. Registrar				
Date	::						

Director / Deputy Registrar