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| For Office Use Only | |
| Date: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | D D M M Y Y Y Y |
| Migration No.: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

GOA UNIVERSITY
Application for Migration

(To be filled by the student and submitted through the Principal of the Institution last attended)

| | | | |
|----------------|--|--|--|
| Enrollment No: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Eligibility Case No. (wherever applicable) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | Contact No. | Phone/Mobile | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

1. Name (As per HSSC Mark Sheet in Block Letters. Leave one blank between words):

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|----------------------|
| <input type="text"/> |
| <input type="text"/> |

2. Correspondence Address (Block Letters)

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|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

Pin Code:

3. Prescribed Fee Paid Rs. _____ on date _____ by Challan/D.D./Postal Order No. _____

| | |
|--|---|
| 4. (A) (i) Name of the BOARD from which the applicant passed the XII Standard: | <input type="text"/> |
| (ii) Month & Year of passing XII Standard: | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM / YYYY |
| (B) (i) Institution first attended by the Applicant under Goa University: | <input type="text"/> |
| (ii) Name of the Course enrolled for: | <input type="text"/> |
| (iii) Date of joining the institution: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y |
| (C) (i) Institution last attended by the Applicant: | <input type="text"/> |
| (ii) Name of the Course enrolled for: | <input type="text"/> |
| (iii) Date of leaving the institution: | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y |
| 5. (i) Name of the UNIVERSITY where the Student intends to seek admission: | <input type="text"/> |
| (ii) Name of the COURSE the Student intends to join | <input type="text"/> |

1. I hereby declare that I HAVE / HAVE NOT applied before for the Migration Certificate.
2. I further declare that I have not registered myself for any course in any other University other than the one which I am now interested in to register myself as stated in column 5 above, before the close of the first term.

Date: _____

Signature of the Student

(TO BE FILLED BY THE AUTHORITIES OF THE INSTITUTION LAST ATTENDED BY THE APPLICANTS IN THE UNIVERSITY)

To
THE REGISTRAR
GOA UNIVERSITY,
Taleigao, Plateau, Goa.

Sir,

I, forward the application of Shri/ Kum. / Smt. _____
_____ for issue of Migration Certificate.

The applicant has not been rusticated or debarred by the University and there is no objection to a Migration Certificate being issued to him/her by the University. He/she has been a student of this Institution since _____ and completed/discontinued, the course in _____.

Transference Certificate No. _____ was issued in favour of the applicant on _____ and is enclosed along with a duplicate copy.

I have ascertained and am satisfied from the records that the information given by the candidate is correct.

Yours faithfully,

Place: _____
Date: _____

(Principal/Head of the Institution)
Signature Required

IMPORTANT INSTRUCTION TO THE COLLEGE / INSTITUTION AUTHORITIES

1. The application for Migration Certificate, duly completed should be submitted through the Principal of the college last attended by the student in this University. The-fee for Migration Certificate is Rs. 475/- (Duplicate Migration certificate Rs.580/-) and the same should be paid along with the application for Migration Certificate by D.D/ Challan/ Crossed Postal Order drawn in favour of the Registrar, Goa University. The Demand Draft should be payable at Panaji or Bambolim.
2. (a) It may, however, be noted that the Transference Certificate in original along with a duplicate copy thereof must accompany the application for a Migration Certificate. The duplicate copy of the Transference Certificate will be retained by this office for record and the original will be returned along with the Migration Certificate to the student on the address given by him in Column 2 above.
(b) The fee payable for the issue of Transference Certificate, with a duplicate copy, should be ascertained from the Principal of the College concerned.
3. If for any reason the candidate fails to join the University / Board mentioned in column 5; he/she shall return the Migration Certificate issued to him/her within three months from the date of issue of the Migration Certificate for cancellation (Fee after 3 months: Rs.230/-), through the Principal of the College through which he/she applied for the same.
4. The Registration / Enrollment card should be surrendered to the College / Department while applying for migration.