

**Form of application for issue of MIGRATION CERTIFICATE. (the Writing should be legible).
All Correction / or alternations should be signed by the applicant)**

1. Name of the Applicant (In Block Letters): _____
2. Father's Name : _____
3. Residential Address: _____

Ph (R) _____
PH (M) _____
4. Name of examination taken _____ Year _____
5. Branch /Course _____ Course Duration: _____
6. BTE Roll No. _____
7. Result: Passed / Failed / Absent : _____
8. Enrollment No. : _____
9. Name of the Institute from which the candidate took the last examination: _____

10. In Case a candidate applies for a Migration Certificate: -

- (i) Course and Name of the University/Institute to which the candidate wants to Migrate:

11. Details of the fee deposited: - DD/PO No. _____ Date: _____ Amount _____

12. (a) Whether the certificate is to be collected from the Board in person or to be sent by Post please write –In person/By post _____

- Note: (i) All the particulars required should be filled carefully by the applicant. BTE will not be responsible for any delay in case the form is not complete in all respects.
- (ii) **A Fee of ` 100/- through Demand Draft / Pay order in favour of D.D.O. Board of Technical Education, Delhi , payable at Delhi.**
- (iii) Please Attach Attested Copy of VIth/VIIIth Semester mark sheet & Provisional Certificate issued by concerned Polytechnic/Institute.
- (iv) **The Complete filled & duly verified application in all respect may be submitted in Board of Technical Education on any working day from 2:00 P.M to 4:00 P.M.**

Dated: _____

(Signature of Applicant)

(TO BE FILLED IN BY THE INSTITUTION LAST ATTENDED)

Certified that the above entries made by the applicant are correct & duly verified from office record, and that he / she has paid Institute/Polytechnic dues up to

_____ (Mention month and Year)

Principal,

_____ Institute./Polytechnic

Note: - Where a student has joined more than one course, the application should be signed by the respective head of the Deptt./Institution concerned.

STAMPS OF THE INSTITUTE/POLYTECHNIC

(To be filled by the Board's Office)

Fee _____ received vide receipt No. /D.D No. _____ Dated: _____

Dated _____

SIGNATURE OF THE CASHIER