MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK (TO BE FILLED BY THE UNIVERSITY OFFICE)

		ertificate Case No.: MUHS//20	ate:/20			
		APPLICATION FOR MIGRATION CERTIFICATE (To be filled in by the Applicant)	Photograph attested by Dean/Principal of the College			
1)	Full 1	Name in Block letters (As per MUHS Mark-Sheet)				
	A.	Dr./Shri./Smt.:				
	В.	Name before marriage:				
2)	Addr	ess for correspondence:				
		PIN				
3)	Telep	phone No.: Mobile No.:				
4)	Univ	ersity to which the applicant desires to migrate:				
5)	Name of the College to which applicant desires to join:					
6)	Faculty to which applicant desires to join:					
7)	Mode	e of getting Migration Certificate (Tick out preferred option)				
	a.	By-Registered/Speed - Post (Fees - Rs. 1000/-)				
	b.	Urgent/Speed - Post (Fees-Rs. 1000/- +Add. Rs. 500/(Applicable subject to availability of signatory authority & application should be disbursed at 5.00pm) (Fees-Rs. 1000/- +Add. Rs. 500/(Applicable subject to availability of signatory authority & application should be disbursed at 5.00pm)	ld reach the University			
	c.	Demand Draft No.:				
	d.	Name of the Bank and Branch				
8)	Name of the Last College with date of leaving:(Please furnish Original copy of Transfer/Leaving Certificate)					
9)	Applicant had appeared University Examination, if any, but failed:(Please attach attested photocopy of mark-sheet)					
10)	Deta	ils of Degree Examination passed:				
Nam	e of t	he l				

Name of the University	Course	Examination	Month & Year	Seat No.	P. R. No.	
M.U.H.S.		Final				

i. Attach attested photocopy of mark-sheetii. Attach attested photocopy of University Internship Completion Certificate (if applicable)

- 11) **Applicable to Govt./Corp. College students only:** The candidate who has signed a bond with the College, has to submit an affidavit on Rs. 50/- stamp paper in original in the attached format. (http://www.muhsnashik.com/cet.htm)
- 12) If Transfer/ Leaving Certificate issued by the College is prior to current academic year, then the candidate must submit "Affidavit Gap Certificate", on Rs. 50/- stamp paper in original, stating that no admission has been claimed in due course of time on the Transfer/Leaving Certificate issued by the College.
- In case Original Transfer/ Leaving Certificate is lost, a candidate can submit Duplicate Transfer/ Leaving Certificate, however, it must be duly supported by Original F. I. R copy & Affidavit towards loss of Original Transfer/ Leaving Certificate on Rs. 50/stamp paper in original.

14)	Other particulars	. if anv	1 1

I have carefully gone through University rules on the subject and have completed all the formalities mentioned therein. It is hereby declared that I shall be held responsible for any error, omission, deletion in the entry of this application form & nothing has been concealed.

(Name & Signature of the Applicant)
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Note: Incomplete Application will be rejected and no correspondence will be made by the University in this behalf.

CHECK LIST FOR THE CANDIDATE (TO BE ATTACHED TO THE APPLICATION) Put √ as applicable

01	Application form duly complete & signed by the applicant	:	YES / NO
02	Photograph affixed on the application and is signed by the Dean/Principal	:	YES / NO
03	Demand Draft of Nationalized Bank.	:	YES / NO
04	Original Transfer/Leaving Certificate	:	YES / NO
05	Attested photocopy of Final year Mark-Sheet.	:	YES / NO
06	Attested photocopy of University Internship Completion Certificate, if any	:	YES / NO
07	Original Affidavit by a Bonded candidate of Govt./ Corp. College, if any	:	YES / NO
80	Letter/ Undertaking of Applicant's College Authorities in Original	:	YES / NO
09	Original "Affidavit Gap Certificate", if any	:	YES / NO
10	In case Duplicate Transfer/Leaving Certificate is submitted,		
	a) Original F. I. R copy	:	YES / NO

a) Original Affidavit towards Duplicate Transfer/Leaving Certificate :

YES / NO

Letter/ Undertaking of Applicant's College Authorities with certification

To **The Registrar,** Maharashtra University of Health Sciences, Vani Road, Mhasrul, Nashik – 422 004

Sub.: Issuance of Migration Certificate

Sir,				
Application of Dr./Shri. /Smtreceived by the College & on perusal of College	of Migration Certificate is e records, it is verified as under:			
 The candidate is bonafide student of our 	ur College & is enrolled with MUHS.			
 As per College Register, date of birth of 	f the candidate is			
The candidate has been admitted to out	r College on & left on			
 Transfer/ Leaving Certificate is issued to the applicant on				
 It is certified that applicant has not submitted any application for Migration Certificate prior this date. 				
	Yours faithfully,			
Place:	Signature:			
Date:	Principal: College.			
	llege eal			

Applicable to Govt. / Corp. Colleges for Bonded students only

Undertaking (Specimen)

	I,daughter/son/wife of Shri			
	Indian inhabitant, resident of	do solemnly		
	affirm and state as under:-			
1.	That, I was a bonofide student of	from		
	to I have passed Final Examination from	n Maharashtra University Health Sciences		
	Nashik held in			
2.	That, I had leftColleg	ge on, afte		
	completion of Internship Training.			
3.	That, I require Migration Certificate from Maharasht	ra University Health Sciences, Nashik fo		
	my further admission atCollege/University	ity in Course.		
4.	That, I am a bonded student at the time of admiss	sion and therefore I will not leave India		
	within a period of years from	the date of obtaining the		
	MBBS/BDS/BAMS/BUMS/BHMS/ALLIED Degree or I v	will pay bond money as per rules.		
	Whatever stated herein above is true and corn	rect.		
Place	e:			
Date:	2:	Signature of Candidate		
	Verification			
	That, I further declare that contents of the above affi	idavit/undertaking are true and correct		
	and in trueness of it, I have signed below this verifica	ation.		
		Please Photo		
		attested by		
		Executive Magistrate		
	tified By-			
I kno	ow the Candidate & he/she is the same.	Signature of Candidate		

Duly signed & stamped with seal before Executive Magistrate