



॥वसुधैव कुटुम्बकम्॥

SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)

(Established under Section 3 of the UGC Act, 1956)

Re-accredited by NAAC with 'A ++' | Awarded Category – I by UGC

(To be filled in by the University)

Mig Certificate No _____

Date of Issue _____

APPLICATION FORM FOR MIGRATION CERTIFICATE

(To be filled in by the Candidate)

To,
The Registrar
Symbiosis International (Deemed University)
Gram: Lavale | Tal: Mulshi | Dist.: Pune | Pin Code - 412 115

Dear Sir/ Madam,

I request you to issue me Migration Certificate from Symbiosis International (Deemed University). The detailed information is as under:

1. Name in full _____
(As mentioned on Consolidated Statement of Marks/ Grades/ Passing Certificate/ Degree Certificate)

2. Mailing / Postal Address _____

City: _____ Pin: _____ Gender: _____

Tel. / Mobile No. _____ Email ID. _____
(with STD Code)

3. Last College/ School/ Institute attended of this University _____

4. Programme & Year of admission _____ 5. P.R.No. _____

6. Last Examination of this University appeared with Seat No. _____

7. Reason for requesting Migration Certificate (Tick the appropriate reason):

a) Joining other University

b) Cancellation of Admission

c) Personal Reason

8. Following documents are enclosed:

a. Demand Draft:

- Indian Students: **Rs.500/-** in favour of Symbiosis International University, Payable at Pune
- International Students: **\$25** is to be **converted into Indian Rupees (For wire transfer details, Please contact ar_eligibility@siu.edu.in)**

b. Original Transfer Certificate duly signed by Director of the School/ College/ Institute

c. Photo copy of Consolidated Statement of Marks/ Grades/ Passing/ Degree Certificate (If Applicable)

Declaration by the Candidate

I have carefully gone through the instructions given for the candidate requesting Migration Certificate and I have completed all the formalities mentioned there-in. I shall be responsible for any error, omission, deletions in the entry of this application form.

Date _____

Signature of the Candidate _____

To be filled in by the School / College/Institute

Forwarded to the Registrar, SIU for necessary action.

I have no objection to issue the Migration Certificate to the above-mentioned Candidate. Documents mentioned in column 8 are enclosed.

Place _____ Name & Signature of the Principal/ Director _____

Date _____ Seal of the School/ College/ Institute _____

To be filled in by SIU

The documents mentioned in the column 8 are received. The Migration Certificate may / may not be issued.

Coordinator

Sr. Section Officer

Asst. Registrar

Registrar

Instructions for the candidate requesting Migration Certificate

1. The Candidate shall submit his/ her application form for Migration Certificate at the School/ College/ Institute last attended of this University along-with the following documents:

a. Demand Draft :

- **Indian Students: Rs.500/-** in favour of Symbiosis International University, Payable at Pune
- **International Students: \$25** is to be **converted into Indian Rupees (For wire transfer details, please contact ar_eligibility@siu.edu.in)**
- **Original Transfer Certificate duly signed by Director of the School/ College/ Institute**

b. Photo copy of Consolidated Statement of Marks/ Passing/ Degree Certificate (If Applicable)

2. The Migration Certificate is issued on the basis of Original Transfer Certificate issued by the Principal/ Director of the School/ College/ Institute last attended by the Candidate.

3. The Original Transfer Certificate received by the University will not be returned to the Candidate. The fee paid for the Migration Certificate will not be refunded.

4. An Incomplete form will not be accepted.

5. The Migration Certificate will not be issued to any Candidate in Person. The Migration Certificate will only be sent via Registered AD Post. Candidate must sign the acknowledgment attached to the Registered AD Post to confirm receipt.