



# Dr. A.P.J. ABDUL KALAM UNIVERSITY, INDORE (M.P.)

Indore Dewas Bypass Road, Arandia, Indore - 452016

## Application Form For Issue of Duplicate Migration/Provisional Certificate

To,  
**The Registrar,**  
Dr. A.P.J. Abdul Kalam University,  
Indore

### To be filled by the office

Duplicate Provisional /Migration  
No.....  
Dispatch No.....  
Date.....

**Dealing Asstt.**

**Recent Passport  
size Photograph  
duly attested by  
Director/Principal  
with seal**

**Sir,**

I have been a student of this University studying as Regular/Ex-Student in the ..... (College) and passed the examination in the Month and Year..... in ..... Division. I request you to kindly issue me Duplicate Migration/Provisional Certificate.

The necessary fee Rs. .... has been deposited in Bank

Draft /Challan No. .... Bank ..... Dated.....

1. Full Name in English (In Capital Letters) .....
2. Full Name in Hindi .....
3. Father's Name .....
4. Mother's Name .....
5. Examination last appeared/passed ..... Year ..... Division/Grade .....
6. Last semester/year examination Marks obtained ..... Out of ..... Division/Grade .....
7. Grand total (Including all Semester/year) ..... Out of .....
8. Branch ..... Enrollment No .....
9. Name of the Institution.....

### **Enclosures required:** (Please tick (✓) in appropriate box if enclosed)

1.  Demand Draft is payable in favor of Dr. A.P.J. Abdul Kalam University (Exam), Indore or Bank Challan(PNB)
2.  Original copy of Police F.I.R.
3.  Original Affidavit on Rs. 10/- Stamp Paper.
4.  Final Semester/Year Marksheet and T.C. attested by the concerned Principal/Head of the Institution.
5.  Recent passport size photograph self attested.

### **Non Refundable Fees:**

<b>Duplicate Migration Certificate</b>	<b>Rs. 300/-</b>	<b>Duplicate Provisional Certificate</b>	<b>Rs. 300/-</b>
<b>Postal Charge</b>	<b>Rs. 50/- extra</b>	<b>Postal Charge</b>	<b>Rs. 50/- extra</b>

**Note: Incomplete Application Forms will not be entertained.**

Date:.....

Yours faithfully

(Signature of Student)

### **CERTIFICATE TO BE RECORDED BY THE PRINCIPAL/HEAD OF THE INSTITUTION**

Certified that the eligibility for award of Duplicate Migration/Provisional certificate has been checked with the office record of the institution and found correct. The candidate may be issued the desired certificate.

**Signature and seal of the Principal/Head of the Institution**

Postal Address:-

To,  
Name:.....  
S/D/C/o:.....  
.....  
.....  
Phone/Mob No. ....

Postal Address:-

To,  
Name:.....  
S/D/C/o:.....  
.....  
.....  
Phone/Mob No. ....