

FORMAT
[INSTITUTIONAL TRANSFER FROM ONE INSTITUTE TO OTHER]

BASIC INFORMATION
[TO BE FILLED UP BY THE STUDENTS]

1. STUDENT'S DETAILS:-

- I) NAME OF THE STUDENT: _____
- II) FATHER'S NAME: _____
- III) PRESENT INSTITUTE/COLLEGE: _____
- IV) PRESENT BRANCH: _____
- V) ROLL NO. OF THE STUDENT: _____
- VI) REGISTRATION NO. _____
- VII) CONTACT NO. OF STUDENT: _____
- VIII) CONTACT NO. OF FATHER'S /GUARDIAN: _____
- IX) WHERE THE STUDENT WILLING TO TAKE TRANSFER: _____
- X) REASON OF TRANSFER: _____
- XI) VALID SUPPORTING DOCUMENTS: _____
- XII) MARKS OBTAINED IN PAT/RANK OF CEE: _____

NOTE: TRANSFER WILL BE ALLOWED AS "NO BRANCH" AND SUBJECT TO "VACANCY".

SIGNATURE OF PARENTS
DATE:

SIGNATURE OF STUDENT
DATE:

OFFICE USE
[TO BE FILLED UP BY THE PARENT COLLEGE/INSTITUTE OF THE STUDENT]

2. FROM THE PRINCIPAL OF THE INSTITUTE/COLLEGE:

- I) RECOMMENDATION FROM THE INSTITUTE LEVEL TRANSFER COMMITTEE YES/NO
- II) WHETHER THE NORMS OF A.I.C.T.E. AND N.B.A. REQUIREMENT IS MAINTAINED:
YES/NO
- III) WHETHER THE STRENGTH IS 75% OF INTAKE CAPACITY OF THE BRANCH: YES/NO.
- IV) RECOMMENDATION OF THE PRINCIPAL: RECOMMENDED:- YES/NO.

SIGNATURE OF THE PRINCIPAL OF THE
INSTITUTE/COLLEGE

DATE:-