



DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

Application No: SNU/MC/...../.....
For Office Use only

APPLICATION FOR MIGRATION CERTIFICATE

Name of the Applicant:		
Student ID:	Registration No:	
Program:	Department:	
Year of Admission:	Current Semester/Year : <i>(If final semester is over, then write Completed')</i>	ABC ID:
Address for Communication:		
Contact No:	E-mail ID:	
Reason for Migration Certificate Request :		

DECLARATION: I solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place:

Date:

.....
Signature of the Candidate

For Office Use Only
-Approvals-

.....
(Signature with Date)

Name:.....
[Head of the Department]

.....
(Signature with Date)

Name:.....
[Office of the COE]

.....
(Signature with Date)

Name:.....
[Library Office]

.....
(Signature with Date)

Name:.....
[Administration Office]

.....
(Signature with Date)

Name:.....
[Office of the CFO]

.....
(Signature with Date)

Name:.....
[Office of the Registrar]

Application No: SNU/MC/...../.....

Receipt copy (to be filled by the Officials)

APPLICATION FOR MIGRATION CERTIFICATE

Name of the Applicant:	
Student ID:	Registration Number:
Program:	

.....
Received by (Name)

.....
Signature with Date

.....
Reporting Date & Time