GOVERNMENT OF GUJARAT
OFFICE OF THE DEAN
B.J.MEDICAL COLLEGE
ASARWA, AHMEDABAD-16

:- www.bjmcabd.edu.in :- dean-bjmc-ahm@gujarat.gov.in :- 079-22681024

No.2/BJMC/UG/ Migration/ /20 Date: - / /20

B. J. MEDICAL COLLEGE, AHMEDABAD

TRANSFER CERTIFICATE
(Extract from Students Record Card)

1. Name in full(As par mark sheet): ……..
2. Batch Name …….
3. Religion : …….
4. Date of Birth: …….. 5. Place of Birth : ……
6. Domicile :…….
7. Qualification at the time of holding the College with Date:……
8. Date of Joining the College :……..
9. Date of leaving the College : ……..
10. Reason for leaving the College : ……
11. Class in which studying at the time of leaving the College.

Conduct: ……. Progress……

Attendance:…… Outstanding Dues: ……..

Particulars of lectures and practical classes attendance**: -**

Subject:…… Theory ……

Practical ……

Any Special remarks by the Principal **: -**

Additional Dean
B. J. Medical College
Ahmadabad

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To,
The Registrar,

Gujarat University,

Ahmedabad-380009

Sir,

I have the honour to forward here with the application of …….. Batch Name……..for migration certificate.The application has not been rusticated of debarred by the university and I have no objection to a Migration Certificate being granted to him/her by the University.

His/Her date of birth as entered in the institution register is……

He/She has been a student of the institution since …….....and left in……

The Transfer certificate (TC) No…….was issued to the application on…….. and is sent herewith.

No application for migration certificate on behalf of this candidate was made previous to this date.

Date: - / /20

Yours faithfully,

Additional Dean

B. J. Medical College

Ahmedabad