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) 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:-