DIRECTORATE OF DISTANCE EDUCATION
Integral University – Lucknow
APPLICATION FORM FOR THE ISSUE OF MIGRATION CERTIFICATE
(Read the Instructions carefully before filling the Form)

Enrollment Number (As on the Id Card) **UDESC Code** **Programme**

Name of the Student as registered with the University

Complete Correspondence address (Do not repeat the Name)

e-mail Address **STD Code** **Phone/Cell** **PIN Code**

Demand Draft No. **Date** **Amount** **Name of the Bank**

(The Demand Draft of Rs. 200/- (Two Hundred only) in favour of **Integral University A/c DDE payable at Lucknow**.)

Sl.	Programme & Semester/Year	Month & Year of Passing	UDESC Code	Total Marks obtained in the Semester/Year
1				
2				
3				
4				
5				
6				

Note:- Attach self-attested copies of Mark-Sheets of all Semester/Years and Migration Certificate issued by previous Board /University/Institution in original.

Declaration

I here by declare that all the information given by me in this form are true and correct to the best of my knowledge and belief. I have attached all required documents and Demand Draft with this form.

Date: **Place:** **Signature of the Student**

Co-ordinator Use Only

UDESC Code **Phone/Cell** **e-mail Address**

It is certified that all the information mentioned by the student in this Form are correct as per the record.

Date: **Place:** **Seal & Signature of the Co-ordinator**

Important Instructions

1. Migration Certificate Form is to be filled by the student in his/her own hand writing in English, using black ball point pen very carefully in Block Letters only.
2. The address of the students must be complete in all respect. It is compulsory to mention PIN Code, Telephone/Cell No. and e-mail Address (if any).
3. The Form having overwriting, striking out or erasure of any kind is liable to be rejected.
4. The Migration Certificate fees is to be paid by Demand Draft of Rs. 200/- (Two Hundred only) in favour of Integral University A/c DDE payable at Lucknow.
5. The Co-ordinator UDESC and Students are required to retain the Xerox of the filled Form and the Demand Draft for future reference.

FOR OFFICE USE ONLY

Enrollment No. _____ **DD No.** _____

Date of Receiving: _____ **DD Amount:** _____

Send for Verification to: _____ **Issuing Branch:** _____ **Issuing Date:** _____