



DR. C.V. RAMAN UNIVERSITY

KARGIROAD KOTA, BILASPUR (C.G.)

Application form for Transfer Certificate

To,

REGISTRAR,
DR. C.V. RAMAN UNIVERSITY,
KARGIROAD KOTA, BILASPUR (C.G.)
Pin-495 113

Name of Department.....

Student Name (English).....

F/H Name.....

Date of Birth.....

Name of Course..... Session..... to.....

Roll No..... Enrollment No.....

Division..... Theory..... Practical.....

Name of Exam Center.....

Student's Postal Address: -.....

.....

..... Phone No.....

I agree to receive my Certificate. The Certificate fees fo Rs. 150/- (One hundred fifty) only.Chalan no.....Dated.....Is enclosed here with this application Form and Declaration.

Place:.....

Applicant Signature

Date:.....

Note : D.D. Should be made in Favor of "**Dr. C. V. Raman University, Kota Bilaspur (C.G.)**"