



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.)

Name of Department : _____

Student Name (English) : _____

Father/Husband Name : _____

Date of Birth : _____

Name of Course : _____

Session _____ to _____

Roll No. : _____

Enrollment No. : _____

Division : _____ Theory _____ Practical _____

Name of Exam Center : _____

Student's Postal Address : _____

Tel. No. / Mob. _____

I agree to receive my Certificate. The certificate fees of Rs. 150.00 (One Hundred Fifty only) Challan No. _____ Date _____ is enclosed here with this application form and Declaration.

Place : _____

Date : _____

Applicant Signature