



MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY, BHOPAL
Office of Controller of Examination
Office: 0755 4051030, 4051031, 4051032, Email: coe@manit.ac.in

Migration Form

To,
The Dean (Acad)/Controller of Examination,
MANIT, BHOPAL (M.P.) 462003

I, the undersigned request you to issue the Migration Certificate

The necessary fee Rs. _____ has been deposited in the form of Bank Draft/ e- Receipt State Bank Collect Payment Receipt (in favour of MANIT, Bhopal)/ Cash receipt No _____ Dated _____

NAME of the Candidate

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NAME MIDDLE NAME SURNAME

Father's Name

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Address for Correspondence

Pin Code

Mobile No

--	--

Examination last appeared /Passed

Branch

--	--	--

year

DIVISION/GGPA

Scholar Number

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Course (B. Tech/B .Arch/M. Tech/ M. Plan/ MCA/ MBA/MUDP)

Yours faithfully,

Date _____

Place: _____

(Name and Signature of applicant)

Note

1. Please enclose copy of the final year self-attested mark sheets.
2. Migration fees Rs. 300/-
3. Duplicate migration fees Rs 600/-
4. FIR copy for duplicate migration.
5. Original Affidavit for Duplicate migration.