Form of application for issue of MIGRATION CERTIFICATE. (the Writing should be legible).

Indian Board of Vocational and Technical Education

(New Delhi)

Website: www.ibvte.com

1. Name of the Applicant (In Block Letters): _____
2. Father's Name: _____
3. Residential Address: _____
   _____ Ph (R) _____ PH (M) _____
4. Name of examination taken _____
5. Year _____
6. Course _____ Course Duration: _____
7. IBVTE Roll No. _____
8. Result: Passed / Failed / Absent: _____
9. Enrollment No.: _____
10. Name of the Institute from which the candidate took the last examination: _____
11. Details of the fee deposited: - DD/PO No. _____
12. Date :- _____
13. Amount _____
14. (a) Whether the certificate is to be collected from the Council in person or to be sent by Post please write –In person/By post _____

Note: (i) All the particulars required should be filled carefully by the applicant. IBVTE will not be responsible for any delay in case the form is not complete in all respects.

(ii) A Fee of 500/- through Demand Draft / Pay order in favor of

Indian Board of Vocational and Technical Education (New Delhi)

(iii) Please Attach Attested Copy of Final Year mark sheet & Provisional Certificate issued by concerned Paramedical Institute.

(iv) **The Complete filled & duly verified application in all respect may be submitted in Indian Board of Vocational and Technical Education (New Delhi) India on any working day from 2:00 P.M to 4:00 P.M.**

Dated: _____ (Signature of Applicant)

(TO BE FILLED IN BY THE INSTITUTION LAST ATTENDED)

Certified that the above entries made by the applicant are correct & duly verified from office record, and that he / she has paid Paramedical Courses dues up to

(Mention month and Year) _____

Seal and Signature Principal

(To be filled by the Council's Office)

Fee_____received vide receipt No. /D. D No._____Dated: _____