

## FORMAT

### INSTITUTIONAL TRANSFER FROM ONE INSTITUTE TO OTHER

#### BASIC INFORMATION [TO BE FILLED UP BY STUDENTS]

##### STUDENT DETAILS:

1. NAME OF THE STUDENT: \_\_\_\_\_
2. FATHER'S NAME: \_\_\_\_\_
3. PRESENT INSTITUTE/COLLEGE: \_\_\_\_\_
4. PRESENT BRANCH: \_\_\_\_\_
5. ROLL NO. OF THE STUDENT: \_\_\_\_\_
6. REGISTRATION NO.: \_\_\_\_\_
7. YEAR OF ADMISSION: \_\_\_\_\_
8. CONTACT NO. OF THE STUDENT: \_\_\_\_\_
9. CONTACT NO. OF PARENTS/GUARDIAN: \_\_\_\_\_
10. WHERE THE STUDENT WILLING TO TAKE TRANSFER: \_\_\_\_\_
11. REASON FOR APPLYING TRANSFER: \_\_\_\_\_
12. VALID SUPPORTING DOCUMENTS: \_\_\_\_\_
13. MARKS OBTAINED IN PAT/RANK OF CEE: \_\_\_\_\_
14. YEAR OF CEE: \_\_\_\_\_

NOTE: TRANSFER WILL BE ALLOWED AS NO BRANCH AND SUBJECT TO VACANCY

SIGNATURE OF PARENTS  
DATE:

SIGNATURE OF STUDENT  
DATE:

#### OFFICE USE

[TO BE FILLED UP BY THE PARENT COLLEGE/INSTITUTE OF THE STUDENT]

FROM THE PRINCIPAL OF THE COLLEGE/INSTITUTE :-

- I. RECOMMENDATION FROM THE INSTITUTE LEVEL TRANSFER COMMITTEE:  
YES/NO
- II. WHETHER THE NORMS OF AICTE AND N.B.A REQUIREMENT IS MAINTAINED:  
YES/NO
- III. WHETHER THE STRENGTH IS 75% OF THE INTAKE CAPACITY OF THE BRANCH:  
YES/NO
- IV. RECOMMENDATION OF THE PRINCIPAL : RECOMMENDED: YES/NO

SIGNATURE OF THE PRINCIPAL OF THE  
INSTITUTE/COLLEGE  
DATE: