



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

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APPLICATION FORM FOR MIGRATION CERTIFICATE

1. Name of the College/Institution :.....
2. Name of the Student (in Capital Letter) :.....
3. Sex (Male/Female) :.....
4. Father's Name :.....
5. Home Address :.....
.....
6. Discipline :.....
7. Course / Programme :.....
8. Branch :.....
(Specialization/Specialty/Super Specialty if any)
9. Date of Birth :.....
10. Student Registration Number :.....
11. Year of Admission :.....
12. Date of Leaving :.....
13. College/Institution :.....
14. Details of Examination passed ,if any :.....
15. Reason/Purpose :.....
16. Payments Details: -

Amount :..... (in words.....))

BD NO..... Date Bank Name.....

Student's Email Id Contact No.....

DECLARATION

I do hereby declare that I have not been debarred from appearing in University Examination or prosecuting any course of study conducted by the Odisha University of Health Sciences to the best of my knowledge and belief. If found otherwise I shall be liable to action. I am surrendering my original Registration Card No.....

Date

Student's Signature

RECOMMENDATION OF THE PRINCIPAL/HEAD OF THE INSTITUTION

The Particulars stated above are checked, verified and found correct. He has not been involved in any form of ragging, harassment or any related activities during their period of study. Migration Certificate may please be issued.

Date: -

Signature of Principal/Head of Institution

(Seal)

Contd....P/2

Instructions for issue of Migration Certificate

1. Migration Certificate is issued only to a registered student of this University & the original Registration issued by the University must be surrendered for the purpose.
2. NOC from the Principal/ Head of Institution of the concerned College to be enclosed with application form.
3. Application shall be forwarded by the Principal/Head of Institution of the respective College specifying the reason/purpose for issuance of the Certificate.
4. An applicant for migration certificate who is studying in any affiliated College/Institution or has passed any examination of this University should pay Migration Certificate Fee of Rs _____/- and submit this application through the institution under this University in which he/she is prosecuting or prosecuted his/her studies last and he/she appeared at the examination.
5. A copy of your final marksheets/copy of degree or provisional certificate (if passed or completed the course)
6. Self-attested Xerox copy of Identity proof (like Adhar Card or Passport etc.)
7. Self-attested Xerox copy of College Leaving Certificate
8. Migration Fees (for UG MED Rs 1500/- for PG MED Rs 2000/- & others Rs 1000/-) of Rs _____/- (Rupees _____) only is to be paid in shape of Bank Draft at any Nationalized Bank in favor of "Registrar, Odisha University of Health Sciences" payable at Bhubaneswar.
9. No action will be taken unless prescribed fee is received in this office.
10. Original Student Registration Card issued by the University. (Must be Surrender)
11. No DUPLICATE Migration Certificate Shall be issued by the University,
12. **All the supporting documents enclosed by the student along with the original application form must be countersigned by the Principal/Head of Institution.**
13. If the applicant desires to obtain the Migration Certificate through authorized person, he/she has to submit an authorization in the format bellow:

Application for Obtaining Certificate Through Authorized Person

To

The Registrar
Odisha University of Health Sciences, Bhubaneswar – 9

Subject: -Delivery of Migration Certificate through authorized person.

Sir/Madam,

I, _____ Regn. No. _____, a bonafide student of _____
course of _____ (college) may be allowed to receive my Migration
Certificate through authorized person whose signature is attested below: -

In this context I shall not hold the University responsible if the Certificate is lost / misplaced by the authorized person.

Yours obediently,

Date:

Signature of the applicant.

Signature of the authorized person:

Name of the authorized person (In Block Letter): _____

(Please enclose a copy of self-attested valid identity proof)

Allowed

Registrar
Odisha University of Health Sciences,
Bhubaneswar