



# KUVEMPU UNIVERSITY

## DIRECTORATE OF DISTANCE EDUCATION



Office of the Director, Jnanasahyadri, Shankaraghatta-577 451 Shimoga District, Karnataka.  
Phone :08282-256370 e-mail: info@kuvempuuniversitydde.org, website:  
kuvempuuniversitydde.org

### APPLICATION FORM FOR ISSUE OF MIGRATION/BONAFIED CERTIFICATE

|    |  |   |                                       |              |                   |                 |
|----|--|---|---------------------------------------|--------------|-------------------|-----------------|
| 1. | Student Name<br>(in Capital Letter)  |   |                                       |              |                   |                 |
| 2. | Father's Name  |   |                                       |              |                   |                 |
| 3. | Complete Postal Address<br>with Pin code   |   |                                       |              |                   |                 |
| 4. | Mobile No. :   | e Mail ID :   |                                       |              |                   |                 |
| 5. | AADHAR Card No :   |   |                                       |              |                   |                 |
| 6. | <b>Particulars of Last Examination :</b>   |   |                                       |              |                   |                 |
|    | Examination Passed   | Year of<br>Passing                                      | Register Number<br>(as in Marks card) | Max<br>Marks | Marks<br>Obtained | Grades Obtained |
|    |  |   |                                       |              |                   |                 |
| 7. | Name of the Study Center<br>and Address /<br>Center Code No.                                 |   |                                       |              |                   |                 |
| 8. | Amount <b>Rs.1000/-</b><br>for Migration &<br><b>Rs.250/-</b> for<br>Bonafied<br>Certificate | D .D No. / NEFT & Date of Issue :                       |                                       |              |                   |                 |
|    |  | <b>Payment Details</b><br>Bank Name & Place<br>of Issue |                                       |              |                   |                 |

1. I hereby declare that the information provided is correct to the best of my knowledge and have paid all the fee due to the University.
2. I have not taken any migration certificate from the University before this.
3. I further certify that I have not enrolled with any other University/Institution after passing out from Kuvempu University up to this date.
4. In the event of any of the above information being found incorrect, the certificate shall be liable for cancellation by the University.

**Signature of the Applicant**

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## INSTRUCTIONS

1. A fee of **Rs. 1000/-** (for Migration Certificate), **Rs.250/-** (for Bonafied Certificate), **Rs.1250/-** (for both) should be remitted by way of a Demand Draft drawn in favour of **“The Finance officer Kuvempu University “and payable at SBI Jnana Sahyadri Branch. IFSC Code SBIN0040759**
2. At the time of submission of the application for the issue of Migration Certificate the applicant should attach Xerox copy of Statements all the Marks of Provisional Certificate issued by this University (duly attested) for verification.
3. **Duplicate Migration Certificate** can be issued once only on payment of **1000/-** only in case the same has been lost, destroyed or mutilated, on submission of an **Affidavit** drawn up on a non-judicial stamp paper of the value of Rs. 20/- to be sworn before a Magistrate on the following format.

### Format for Affidavit : (in Case of Duplicate / Second time application)

“I ..... son/daughter of.....resident of ..... hereby solemnly declare that the Migration Certificate No. .... dated ..... of ..... Degree issued to me by the DDE KUVEMPU UNIVERSITY to enable me to join ..... University has been lost and I did not join any other University on the basis of the same nor have I submitted the Migration Certificate for joining any other University”.

**Signature of the Applicant**

Date :

Place :

**Name of the Applicant**

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### FOR OFFICE USE ONLY

The information furnished by Shri./Smt./Kum .....bearing

1. Register No..... of ..... Degree is correct as per our office record.
2. He / She may be issue the Migration Certificate No. .... Date : .....

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**Case Worker**

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**Superintendent**

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**Asst. Registrar**

Date :

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**Director / Deputy Registrar**