



BIKANER TECHNICAL UNIVERSITY, BIKANER
बीकानेर तकनीकी विश्वविद्यालय, बीकानेर
OFFICE OF THE DIRECTOR ACADEMIC AFFAIRS

Application format for college transfer

Name of the candidate : Mobile No. :
Father/Guardian Name :
Address for correspondence :
Branch : Univ. Enrollment No:
Year :
Details of DD. Rs1500/-deposited :
(As transfer fee in favour of Registrar, BTU,
Bikaner)
Ground of seeking college transfer :
(1)Health (2) Death of parent (s)/guardian (3) Harassment of the candidate (female)
Name of the source institute :
Name of the destination institute :

Signature of the candidate with Date

(Strike out which is not applicable)

- 1) The certificate of the medical board is provided below.
- 2) The requisite death certificate is enclosed herewith.
- 3) Recommendations and the action taken by the Women Cell under the chairmanship of
..... (Designation)..... is enclosed herewith.

Recommendation of the Source Institution

The institution has no objection to the transfer of the candidate from this institute. The college will not fill the vacancy against his/her seat till 30th September of this year.

Signature of the Head of Institute with seal

Recommendation of the Destination Institution

I have personally checked that seats..... is/are vacant, in the concerned branch in this institution. Hence, the institution has no objection to the transfer of the candidate to this institute.

Signature of the Head of institute with seal

Recommendation of the Medical Board

(Strike out which is not applicable)

The medical board has examined the candidate, and found that a change of place (from.....) is necessary for the health of the candidate. The parent(s) of the candidate is/are suffering from one of the disease mentioned in **R - 5.0 of the University**.

This opinion is based on investigations, diagnosis and recommendations of the medical board (constituted vide Order No.....dated... ..) as enclosed.

Signature of the Chairman of the Medical Board