Government of Kerala DEPARTMENT OF TECHNICAL EDUCATION



Board of Technical Examinations

APPLICATON FOR MIGRATION CERTIFICATE

Details of examination fee remitted		
a)Amount remitted		
b)Where remitted		
c)Chalan / Receipt No		
d)Date of remittance		
e)Name of Treasury		
Fee remitted under the head of Account		
0202-02-800-94-Other receipts		

Name of the Applicant			
Address for Communication with District & PIN			
Name of Parent/Guardian			
Date of Birth			
Name of the Examination with Branch of study			
Name of the Institution in which the Candidate Passed the Examination			
Reg. No. Year & Month of the Examination			
Serial Number of the Certificate & Date of Issue			
Transfer Certificate Number & Date of Issue			
Name of the University and details of course in_which the Migration Certificate is required			
Other particulars if any)			
Certified that details furnished by me above are correct.			
Station: Date:		Name & Signature of the Candidate	
Certified that the entries in the application made by the Candidate have been			
and found correct as per the records. Place: Date:			
Section Clerk	Seal)	Principal/Head of Institution	