

VINAYAKA MISSIONS UNIVERSITY, SALEM

Application for obtaining Transcript

For issue of each Transcript Rs. 1600/-

Details of Payment (D.D should be enclosed)
(To be filled in by the candidate)

Name and place of the Bank :

Demand Draft No.

Date of payment :

Amount Rs.

Candidates should read the instructions very carefully before filling in the columns. Any column left blank will cause delay in issuing of certificate.

- 1. Name as registered in the University records :
(In Block Letters)
- 2. Sex : :
- 3. Date of Birth : :
- 4. Name of the course passed with Registration No. : :
- 5. Branch / Speciality studied : :
- 6. Month & Year of passing the final Examination : :
- 7. College in which last studied : :
- 8. Address of the candidate :
: :
: :
(In Block Letters)
: :
: :
: :
: :
- 9. Number of Transcripts required : :

Date :
Candidate

Signature of the

FOR OFFICE USE ONLY

For D.D. Endorsement

Date :
Register No. :
Sl. No. :



VINAYAKA MISSIONS UNIVERSITY, SALEM - 636 308
(Declared Under Section 3 of the UGC Act, 1956.)

APPLICATION FOR THE ISSUE OF MIGRATION CERTIFICATE

Note : Application downloaded from the website. Candidates are instructed to pay Rs. 100/- in addition to the prescribed fees for processing your application otherwise it will be rejected

FOR OFFICE USE ONLY

1. Name of the Candidate	_____	DD / BANKER'S CHEQUE
2. Degree	_____	No. : _____
3. Reg. No.	_____	Date : _____
4. Month & Year of Passing :	_____	Rs. : _____
5. CRII/ CRI Period : From _____ To _____		Bank : _____
6. College : _____		
7. Prepared by : _____		
8. Examined by _____		
9. Folio No. & Date of Migration Certificate issued _____		Sign. of the receiving Asst.

CONTROLLER OF EXAMINATIONS

TO BE FILLED IN BY THE CANDIDATE

From (Self-address) _____

Fee remittance particulars

1) Name of the Bank and Branch	_____
2) Amount Remitted	_____
<small>(Application cost of Rs. 100/- if using downloaded form)</small>	
3) Mode of Remittance:	_____
4) No. and Date	_____

D.D. / Banker's Cheque

To
The Controller of Examinations,
Vinayaka Missions University,
44A, Hind Agraharam,
Salem - 636 001.

Sir,

Sub : Issue of Migration Certificate - Requested.

1. Name of the candidate as registered
in this University Records
Mr. / Mrs. / Miss. / Dr.

2. Last Examination attended by
The Candidate of this University
(State the name of the Course)