



Government of Maharashtra Mahatma Phule Krishi Vidyapeeth, Rahuri Punyashlok Ahilyadevi Holkar Gov College of



Agriculture, Halgaon Tal. Jamkhed, Dist. Ahilyanagar

Tele.No.: (02421) 297971 Add.:Punyasholk Ahilyadevi Holkar Gov College of E-mail: achalgaon@gmail.com Agriculture, Halgaon, Tal.Jamkhed Dist.

	, assurgues e general com	Ahilyanagar(Mahai	cashtra)
No.PAF	ICA/ACD/Migration Certificate/	/2025	Dt2025
To,			
	The Deputy Registrar (ACD),		
	Mahatma Phule Krishi Vidyapeeth,		
]	Rahuri-413722, Dist. Ahilyanagar.		
\$	Subject: Issue of Migration Certif	ficate	
]	I have the honor to forward herewith	n the application of Shr	i/Miss
		for the issue of migra	ation certificate. The applicant
has not	been rusticated or debarred by the	University and I have	e no objection for a migration
certifica	ate being granted to him by the Maha	atma Phule Krishi Vids	vaneeth Rahuri
	•	•	
,	She/He has been a student of this co	llege since and	1 left inHis/Her date
of birth	as entered in the college register is	s/ The	transference certificate issued
to the a	applicant on(No) is sent herewit	h. No application of the said
	te for issue of a migration		
Canulua	te for issue of a migration	certificate was mad	e previously to this date.
			A mark to Day
		Du	Associate Dean, nyashlok Ahilyadevi Holkar
			llege of Agriculture, Halgaon
	TO BE FILLED	IN BY THE STUDE	<u>INT</u>
<u>N.B.</u>	The fee fee misuration contificate is D	o 200/ The fee shoul	dhe continue the forms of online
	The fee for migration certificate is R		
	banking, deposited to the A/c of Co	•	
	ode SBIN0003239 MPKV,Rahuri	_	
1. 1	Name in Full (Write Surname First)	· :	
2.]	Full address with pin code	:	
3. 1	Fee of Rs. 800/- sent in the A/c No.	:	
1	39319134855 IFSC Code		

SBIN0003239 name Comptroller,

4.	Date of leaving	M.P.K.V, Rahuri. Date Date of leaving the college last :								
5.	Attended College Institute to which proposed:to migration									
	1) College nar	College name (Full Address) :								
	2) University Name (Full Address) :									
_										
6.	Examination	Seat No.	Month &	College Name	Class &	Remarks				
	passed		Year		CGPA					
7.	The name of the qualifying HSC :									
8.	the Uni. which held it. Examination of this Uni. if any. With :									
9.	-									
	Date ://2	 20								
	Place :	•••••								
				Si	gnature of the	applicant.				

*If there is any period intervening between the date of application and the date of Transference Certificate issued from Instruction last attended it should be accounted for in this column.

 $\underline{\text{N.B.}}$:- The migration certificate cannot be issued unless the transference certificate is issued by the instruction college with a copy there off is received by the University with this application.

Similarly if a student applying to a migration certificate was a regular student in this University for this Post Graduate courses such a student is required to apply for a Transference Certificate simultaneously with his application for Migration Certificate.

Attachment:

- 1. Online fee transaction Receipt of Rs. 800/-
- 2. True copy of T.C.
- 3. True copy of Transcript.
- 4. Admitted University / college Bonafied / Fee Receipt.