



Baba Deep Singh Ji Paramedical And Vocational College

MIGRATION FORM

1. Study Centre Name:

2. Study Centre Code:

3. Registration No.:

4. Name of the Student in CAPITAL Letter (Leave One Blank after one word):

5. Father's Name in the CAPITAL Letter (Leave One Blank after one word):

6. Mother's Name in the CAPITAL Letter (Leave One Blank after one word):

7. Correspondence Address in the CAPITAL Letter (Leave One Blank after one word):

Photograph
of Applicant

State

Pin code

8. Mobile No.

Whatsapp No.

9. E-mail ID :

10. Date of Birth :

11. Gender: ✓(Please Tick Mark)

12. Nationality : If Others Please Specify ✓(Please Tick Mark)

13. Category : (Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)

14. Centre Name

15. Course Name

16. Course Code

FEE DETAILS

Rs.300/-to be paid though Cash give the following details:

Book No. **Date** **Receipt No.**

Enclosures (Photocopy Self attested)(✓)

- ☐ Certificate of 10th Class
- ☐ Marksheet of 12th Class
- ☐ Diploma Marksheet
- ☐ Identity Proof

Signature of the Applicant

The application filled in by the student, along with requisite fee & copies of certificate must be submitted to respective Institution.