







## **DECLARATION & UNDERTAKING**

I hereby declare that the information given above is true & correct best to my knowledge. If admitted to the course I agree to abide by the rules & regulations of the institute / Affiliating authorities/ Government. I shall not participate in any activity that will interfere with maintenance of discipline and order. I also declare that I have not been debarred from appearing any examination held by any government, constituent or statutory examining authority in India. I'm bound to pay the prescribed amount of fees for the admitted course. I'm aware that after confirmation of admission the institute has legal claim for the prescribed fees. If any information furnished above is found to be incorrect or my eligibility is unsatisfactory, I am aware that my admission is liable to be cancelled.

Place:

Signature of candidate

Date:

Signature of Parent / Guardian

### **Checklist for documents attached: (please tick ✓ whichever applicable)**

**All documents should be duly attested by a Gazetted Officer.**

- |                  |   |                                |                          |  |  |
|------------------|---|--------------------------------|--------------------------|--|--|
| 1) Matriculation | - | Marksheet                      | <input type="checkbox"/> | Board Certificate  | <input type="checkbox"/>                 |
| 2) HSC           | - | Marksheet                      | <input type="checkbox"/> | Board Certificate  | <input type="checkbox"/>                 |
| 3) Degree/Course |   | Marksheet-1 <sup>st</sup> Year | <input type="checkbox"/> | 2 <sup>nd</sup> Year   | <input type="checkbox"/>                 |
|                  |   | 3 <sup>rd</sup> Year           | <input type="checkbox"/> | 4 <sup>th</sup> Year   | <input type="checkbox"/> (if applicable) |
| 4) Degree/Course | - | Certificate                    | <input type="checkbox"/> |  |  |
| 5) Registration  | - | certificate                    | <input type="checkbox"/> | (If applicable)  |  |
| 6) Clinical      | - | experience                     | <input type="checkbox"/> | (If applicable)  |  |
| 7) Caste         | - | Certificate                    | <input type="checkbox"/> | (If applicable)  |  |
| 8) Caste         | - | Verification                   | <input type="checkbox"/> | (If applicable)  |  |
| 9) Non           | - | creamy layer                   | <input type="checkbox"/> | (Applicable for OBC candidates only)   |  |
| 10) Marriage     | - | certificate                    | <input type="checkbox"/> | (Applicable for Married candidates only)   |  |
| 11) Name         | - | change                         | <input type="checkbox"/> | (Applicable for Married candidates only)   |  |
| 12) Medical      | - | fitness                        | <input type="checkbox"/> | (If applicable- issued by MBBS qualified medical practitioner with Registration No.) |  |
| 13) Nationality  | - | certificate                    | <input type="checkbox"/> | (If applicable)  |  |
| 14) Domicile     | - | certificate                    | <input type="checkbox"/> | (If applicable)  |  |
| 15) Transfer/    | - | Migration                      | <input type="checkbox"/> | (To be issued by the previous institute/ University attended)                        |  |
| 16) School       | - | Leaving                        | <input type="checkbox"/> | (If applicable)  |  |
| 17) Gap          | - | certificate                    | <input type="checkbox"/> | (Applicable for candidates with discontinuation in education)                        |  |
| 18) 4            | - | Passport size                  | <input type="checkbox"/> | Photographs (3 colored, 1 black & white Pass port size photographs)                  |  |



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**ix. Extremities:**

- Voluntary movements
  - Involuntary movements
  - Tone
  - Wasting
  - Reflexes
  - Any other abnormality noted: \_\_\_\_\_
- 

**x. Skeletal:**

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**xi. Dental & Mouth:**

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**xii. Endocrine:**

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**xiii. Skin & allergies**

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**xiv. Vaccination:**

- Hepatitis-B: Dose- 1 / 2 / 3 / Booster / none
- 

**xv. Routine examination:**

- Blood for CBC
  - Urine routine & microscopy
  - Stool routine & microscopy
- 

**xvi. Special examination:**

- Chest X-ray
  - ECG
  - HIV
  - HBsAg
- 

Please comment on declared medical history, if significant.

Is the candidate/ subject recently being treated for any condition? (If yes, Please specify).

Do you consider the candidate physically & mentally fit or unfit? (If yes, Please specify).

**Date:**

**Seal**

**Name & Signature of Examination Officer**

**Qualification:**

**Reg. No.:**

**Address:**

# College of Advanced Studies

(Institute code - 616)

(Approved by the Directorate of technical Education, Govt. of Maharashtra & Affiliated to Maharashtra State Board of Technical Education.)

Shreekshetra Dervan, Tal.-Chiplun, Dist.-Ratnagiri. Pin – 415606.

Phone: 02355 – 264137, 264149. Fax: 02355 – 264181.

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## Application for Transfer / Migration Certificate

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(Details to be filled by the student)

To,  
The Principal / Registrar

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Subject: - To issue Transfer / Migration Certificate.

Respected Sir/Madam,

I Mr. /Mrs. / Miss. \_\_\_\_\_ have been admitted to the S.V.J.C.T'S College of Advanced Studies, Dervan. Affiliated to the Maharashtra State Board of Technical Education, Mumbai, for the academic year \_\_\_\_\_ in the Semester/Year- 1 / 2 / 3 of the course \_\_\_\_\_

I was student of your college/ Institute/ University and have passed / failed the examination of \_\_\_\_\_ in the year \_\_\_\_\_.

My Particulars are as given below:-

- 1) Name:- \_\_\_\_\_ 2) Roll No \_\_\_\_\_
- 3) Class attended \_\_\_\_\_ 4) Academic year \_\_\_\_\_
- 5) Subject:- \_\_\_\_\_ 6) Year of Passing \_\_\_\_\_
- 7) Exam Seat No. \_\_\_\_\_ 8) Birth date:- \_\_\_\_\_

I request you to kindly send my Transfer / Migration Certificate to The Principal of S.V.J.C.T'S College of Advanced Studies, Dervan, Tal: Chiplun, Dist: Ratnagiri, Pin: 415606.

Yours faithfully,

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(Students Signature)

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(Details to be filled by Admitting College)

Admitted to (Course) \_\_\_\_\_

Year/ Semester \_\_\_\_\_ Admission No. \_\_\_\_\_

Kindly issue the Transfer / Migration Certificate.

With regards,

- Verified & found correct. \_\_\_\_\_

**Admission In charge**

**Date:**

**Place:**

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**Principal**