Application for Transfer Certificate & Migration Certificate - (BDS)

Name:- _____

Internship/Batch: - _____

Date:- _____

Mob. No.:- _____

To,
The Dean
Govt. Dental College & Hospital,
Jamnagar.

Subject:- Request For ☐ Transfer Certificate,
☐ Migration Certificate Form Sign

Respected,

I _____ Have completed/Cancelled BDS from this institute in Year _____. I need a Transfer Certificate for _____ Purpose.

So, I kindly request you to issue me a Transfer Certificate for _____ Purpose.

1. Name as per Marksheet :-
2. Caste & Subcaste :-
3. Date of Birth :-
4. Place of Birth :-
5. 12th Passing Month & Year :-
6. 4th BDS Passing Month & Year :-
7. College Joining Date :-
8. Internship Period :-

Thanking You,

Yours Faithfully

(_____)

Enclosures:-

1. Last School/College Leaving Certificate (TC)
2. 12th Marksheet
3. 4th BDS Marksheet
4. Internship Completion certificate
5. BDS Admission Order/Allotment Later