

APPLICATION FOR MIGRATION CERTIFICATE

To,
The Secretary,
Maharashtra State
Board of Technical Education,
49, Kherwadi, Bandra (East)
Mumbai – 400051

Sub: To issue the Migration Certificate

Sir,

(To be filled by the Student)

I Undersigned kindly request you to issue me the Migration Certificate

Name of the Student: _____

Address of Student: _____

Enrolment No.: _____

Name of the Institute: _____

Last Exam Passed: _____

Documents required for Verification and Record

1. Original & attested Xerox copy of Last Year's / Semester Mark List.
2. Original & attested Xerox copy of College Leaving Certificate (Last Attended)
3. Original & attested Xerox copy of Provisional / Final Board Certificate.

Yours Faithfully,

Signature:

Name:

For Office Use Only

To Account Office

Kindly accept the Amount of **Rs. 100/-** for the Migration Certificate.

R-012

Head Clerk / Superintendent

The above Amount is accepted as per the Receipt No. _____

Date:

Cashier / Accountant
Signature

APPLICATION FOR TRANSCRIPT CERTIFICATE

To,
The Secretary,
Maharashtra State
Board of Technical Education,
49, Kherwadi, Bandra (East)
Mumbai – 400051

Sub: To issue the Transcript Certificate

Sir,

(To be filled by the Student)

I Undersigned kindly request you to issue me the Transcript Certificate.

Name of the Student: _____

Address of Student: _____

_____ Phone No. _____

Passed Diploma Course:

Enrolment No.: _____ Year of Passing _____

Total Marks Obtained (Final Year): _____ Out of _____

Name of the Polytechnic / Institute: _____

Documents required for Verification and Record

1. Original & attested Xerox copy of Diploma Mark List of all Year's / Semester.
2. Original & attested Xerox copy of College Leaving Certificate (Last Attended)
3. Original & attested Xerox copy of Provisional / Final Board Certificate.

Yours Faithfully,

Signature:

Name:

For Office Use Only

To Account Office

Kindly accept the Amount of Rs. _____ (For First Transcript)+ Rs. _____

for another _____ Set) + Rs. _____ (For Postal Charges) = Total Rs. _____

Inword Total Rs. _____

R-013

Head Clerk / Superintendent

The above Amount is accepted as per the Receipt No. _____

Date:

Cashier / Accountant
Signature

APPLICATION FOR EQUIVALENCE CERTIFICATE

To,
The Secretary,
Maharashtra State
Board of Technical Education,
49, Kherwadi, Bandra (East)
Mumbai – 400051

Sub: To issue the Equivalence Certificate

Sir,

(To be filled by the Student)

I Undersigned kindly request you to issue me the Equivalence Certificate.

Name of the Student: _____

Address of Student: _____

_____ Phone No. _____

Name of Course: _____

Mode of Learning: Regular / Distance / Correspondence

Name of the Polytechnic / Institute: _____

Type of Institute: Government / Govt. Autonomous / Autonomous / Govt. Aided / Unaided

Year of Passing: _____

Status of Board / University: Government / Private

Documents required for Verification and Record

1. **Original & attested Xerox copy of Mark List of all Semester / Year's Diploma in Engg. / Pharmacy.**
2. **Original & attested Xerox copy of College Leaving Certificate (Last Attended)**
3. **Original & attested Xerox copy of Provisional / Final Board Certificate / University Certificate.**
4. **Migration Certificate of Concerned State Board of Technical Education.**

Yours Faithfully,

Signature:

Name:

For Office Use Only

To Account Office

Kindly accept the Amount of **Rs. 300/-** for the Equivalence Certificate.

R-010

Head Clerk / Superintendent

The above Amount is accepted as per the Receipt No. _____

Date:

Cashier / Accountant
Signature