

APPLICATION FOR MIGRATION CERTIFICATE

TO,
The Secretary
Maharashtra State,
Board of Technical Education,
49, Kherwadi, Bandra (East),
Mumbai – 400 051.

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 Student : _____

Address of Student : _____

_____ Phone : _____

Enrolment No. : _____

Name of Institute : _____

Last Exam. Passed : _____

Documents required for

1. Original & attested Xerox copy of Last Years/ 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 EQUIVALENCE CERTIFICATE

TO,
The Secretary
Maharashtra State,
Board of Technical Education,
49, Kherwadi, Bandra (East),
Mumbai – 400 051.

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 Student : _____

Address of Student : _____

_____ Phone : _____

Name of Course : _____

Mode of Learning : Regular / Distance / Correspondence

Name of Institute : _____

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

Name of Board /University from where Passed : _____

Year of Passing : _____

Status of Board / University: Government / Private

Document required for verification & record

- 1. Original & attested Xerox copy of mark list of All Semester/ Year of diploma in engg/ Pharmacy
- 2. Original & attested Xerox copy of Provisional /Final Board/ University Certificate.
- 3. Attested Xerox copy of SSC, HSSC Marklists.

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.

APPLICATION FOR TRANSCRIPT CERTIFICATE

TO,

The Secretary
Maharashtra State,
Board of Technical Education,
49, Kherwadi, Bandra (East),
Mumbai – 400 051.

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 Student : _____

Address of Student : _____

_____ Phone : _____

Passed Diploma Course :

Enrolment No _____ Year of Passing _____

Tootal marks Obtained (Final year) Out of

Name of Polytechnic/Institute :

Documents required for verification and record.

1. Original & attested Xerox copy of Diploma Mark list of all years/Semester
2. 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. _____

Inwords Total Rs. _____

R 013

Head Clerk/ Superintendent

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

Receipt No. _____ Date:- _____

Cashier/ Accountant

Signature.