## Bhartiya Council For Vocational & Paramedical Science

MIGRATION FORM
Study Centre Name :
Study Centre Code:
Registration No.:
Name of the Student in CAPITAL Letter (Leave One Blank after one word):
Father's Name in the CAPITAL Letter (Leave One Blank after one word):
Malan Capital I a a company in the c
Mother's Name in the CAPITAL Letter (Leave One Blank after one word):
Photograph of Applicant
ate Pincode Pincode
Mobile No. Whatsapp No.
E-mail ID :
Date of Birth: DDD MM M YYYY 11. Gender: MF ✓ (Please Tick Mark)
2. Nationality :If Others Please Specify ✓ (Please Tick Mark)
3. Category :(Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)
. Centre Name
5. Course Name
6. Course Code

## FEE DETAILS

Rs. 300/- to be paid though Cash / Demand Draj paid through DD give the following details:	ft (DD) or Debit	/ Credit Card/	Google Pay/Phone	Pay/Paytm. In case of fee
D.D. No. Date	e		Branch	
Demand Draft of Rs. 300/- to be made in J	favour of pa	yable at Hisa	or	
In case of fee paid though Google Pay/Pl	hone Pay/Pay	tm: Receipt	No.	
Date				
Enclosures (Photocopy Self attested) (♥)				
Certificate of 10th Class				
Mark sheet of 12th Class				
Diploma Marksheet				
Identity Proof				

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

**Signature of the Applicant**