



Govt. Registration No. 1/IV-9

गुरुकुल शिक्षा मण्डल उत्तर प्रदेश

Gurukul Shiksha Mandal Uttar Pradesh

Reg. By MSME ,NITI AAYOG ,NCT DELHI

MIGRATION FORM

Form No. _____

Roll No.

Enrolment No.

Center Name

Center Address

(To be filled by the student)

1. Name of Student (In Block Letters)

2. Father's Name / Husband's Name

3. Mother's Name

Space for
passport size
photograph
duly attested

Signature of student

4. Date Of Birth

5. Sex

M / F

6. Nationality

7. Religion

8. Postal Address

9. Details of Examination Passed from Gurukul Shiksha Mandal Uttar Pradesh

Examination Passed	Year of Passing	Roll No.	Marks obtained	Percentage

10. DETAILS OF FEES PAID

Demand Draft No.:

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Date:

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Amount:

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- Note:** (i) Demand Draft should be drawn in favour of Gurukul Shiksha Mandal Uttar Pradesh
(ii) Form should be filled in with Black ball pen only.
(iii) Attach a copy of mark sheet.

DECLARATION :

I _____ son/daughter of _____ do hereby declare that the particulars furnished above are correct to the best of my knowledge and belief. I will fully responsible for any false and misleading information found at any stage. I also declare that I shall abide by the rules of regulation and terms & conditions issued by Gurukul Shiksha Mandal Uttar Pradesh from time to time.

Signature of the Parents/Guardian

Signature of the Student

Date:

Place: