## माध्यमिक शिक्षा बोर्ड, दिल्ली Board Of Secondary Fducation Pelhi

## **Migration Certificate**

Form No.					
Roll No.					
Please Read The Important Instructions Before Filling The Form					
(To be filled by the student)					
1. विद्यार्थी का नाम (Name of Student in Capital Letters)  Space for passport size photograph					
duly attested,					
showing name, date, signature of candidate					
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3. माता का नाम (Mother's Name)					
4. जन्म तिथि (Date of Birth) 5. लिंग (Sex) ☑ Signature of Candidate  M F					
6. डाक-पता (Postal Address)					
पिन कोड (Pin Code)					
7, फोन नं, (Ph. No.) मोबाईल (Mob.)					
8, ई-मेल (E-mail)					
9. Details of Examination					
Examination Passed	Year of Passing	Roll Number	Marks Obtained	Out of	
				1	

If Fees Exempted ☑ Yes ☐ No ☐	
Note: If Yes Proof of Fees Exempted Should Be Attach Along	g With Form
Mode of Payment ☑ Cash ☐ Receipt No. ☐ DD No. ☐ Bank Name	
Declaration:	
I Son/Daughter of	do hereby declare that the
particulars furnished above are correct to the best of my l	knowledge and belief and that I am prepared to undergo any
punishment imposed on me if any of the particulars furnished	d are found to be false and misleading. I also further declare that
I shall abide by the conditions, rules and regulative measures	imposed by the board from time to time.
NOTE: PLEASE ATTACH COPY OF MARKS SHEE	T & PASS CERTIFICATE ALONG WITH FORM.
Signature of the Parents/Guardian	Signature of the Candidate
Date :	Place :
<u>Important</u>	Instruction
Applicants can also download the application form through	igh the website.

10. DETAILS OF FEES PAID

- Fill it with black ball pen only. It is expected that application form should be clearly and completely filled. Avoid
  overwriting the letters.
- For the purpose of postal communication applicants are requested to fill his complete postal address in the application form Board will not be responsible for postal communication in case of address is wrong.
- Affix a recent passport size photograph in the appropriate box provided in the application form.