डॉ. बी.आर. अंबेडकर विश्वविद्यालय दिल्ली Dr. B.R. Ambedkar University Delhi

Established by the Act of Legislative Assembly of National Capital Territory of Delhi

Admission Transfer Request Form

Student Details

Name of Student: _____

Current Programme (Seat Vacated): _____

Form No.: AUDPGCT_____

Admission list no. in which admission taken: 1/2/3/4/Other _____

Programme to which Admission is to be transferred:_____

Form No.: AUDPGCT_____

Admission list no. in which name appears: 1/2/3/4/Other _____

Student Declaration

I hereby voluntarily authorize **Dr. B. R. Ambedkar University Delhi** to transfer my admission as above

I understand and agree that, upon approval of this transfer, my admission to the programme from which I am being transferred shall stand cancelled. I further understand that I shall have **no claim whatsoever, at any stage in the future, on the seat or admission that I am vacating**.

I confirm that this request is made of my own free will and that I shall abide by all the rules, regulations, and decisions of the University regarding this transfer.

I understand that the transfer will be complete only after paying the differential in fee if any as communicate to me by the University.

Applicant's Signature: _____

Date: ____ / ____ / _____
Mobile No.: _____ Email:_____

Signed and scanned form must be mailed from the registered mail id of the applicant to pgverification@aud.ac.in with the word 'TRANSFER' in the subject