



SATAVAHANA UNIVERSITY

KARIMNAGAR - 505001

APPLICATION FORM FOR TRANSFER OF ADMISSION INTO SECOND / THIRD

YEAR OF B.A. / B.Sc. / B.Com. & B.B.M. Degree Course

(Within the jurisdiction of Satavahana University)

TO BE FILLED IN BY THE CANDIDATE ONLY

Particulars of payments of Transfer of Admission **Fee Rs.500/- + Rs.20/-** Application Fee

D.D. No. Date..... Bank

(Demand Draft should be drawn in favour of the **REGISTRAR, SATAVAHANAUNIVERSITY, KNR**)

1. Full Name (In Block Letters) Mr./Miss/Mrs. : _____
2. Father's/Guardian's name and occupation : _____
3. Applicants permanent address : _____
4. Name of the college where the candidate
Intends to seek admission on transfer with
complete address : _____
5. Student Hall Ticket Number : _____
6. Name of the course and class of study to be
admitted : _____
7. Combination & subjects to be studied in the
FIRST /SECOND year of degree course : _____

- I. i) Gen. English
- ii) Second Language (.....) :
- iii) CIEPS
- iv) HVPE – I
- v) Environment Studies
- VI) HVPE – II

II. OPTIONAL

- i)
- ii)
- iii)

PARTICULARS REGARDING THE FIRST /SECOND/ THIRD YEAR OF STUDY

8. Course studied with combinations in B.A./B.Sc./B.Com

- I i) Gen. English
- ii) Second Language (.....) :
- iii) Science & Civilization

II. OPTIONALS

Medium

- i)
- ii)
- iii)

- 9. Name of the college where the last studied : _____
- 10. Student Hall Ticket Number : _____
- 11. Year of Study : _____
- 12. Whether eligible for promotion to
Second/ third year
(Enclose Memo of Marks) : _____
- 13. Reasons for seeking transfer of admission : _____

DECLARATION BY THE CANDIDATE

I declare that the facts mentioned above are true to the best of my knowledge. I fully understand that my admission will stand cancelled in case any information furnished by me is found to be false at any stage of the course.

I am enclosing true copies Memo. of Marks ofyear.

Date

Signature of the applicant.

(CERTIFICATE TO BE ISSUED BY THE PRINCIPAL OF THE COLLEGE WHERE ADMISSION IS SOUGHT)

I have no objection for the admission on transfer of Mr./Miss./Mrs
S/o. D/ointo **FIRST / SECOND/ THIRD** year class from.....
during..... against the existing vacancies. This will not in any way exceed the
approved ceiling strength viz. () of the First / Second / Third year Class of the College.

There is a provision for teaching the subjects proposed to be offered by the candidate as at Serial no.6

Date:

Signature of the Principal of the College
Where admission is sought by the applicant
(with office seal and date)

Transfers in I year class are restricted only to the children of employees transferred to the districts under the jurisdiction of Satavahana University during the academic year. The candidate should enclose a copy of transfer orders of his/ her parent.