

# ORISSA STATE BOARD OF PHARMACY, BHUBANESWAR

## APPLICATION FOR ISSUE OF MIGRATION CERTIFICATE

(To be filled in by the candidate in his own hand writing in Block Letters)

1. Name in block letters : \_\_\_\_\_  
(As per H.S.C. Certificate)
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. O.S.B.P. Registration No. : \_\_\_\_\_
5. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
6. Name & Address of the College (Where Studied) : \_\_\_\_\_
7. Date of Admission into 1<sup>st</sup> Year : \_\_\_\_\_
8. Date of Promotion into 2<sup>nd</sup> Year : \_\_\_\_\_
9. Date of Readmission into 2<sup>nd</sup> Year : \_\_\_\_\_
10. Date of Completion Part II Exam : \_\_\_\_\_
11. Date of Passing Part – I Exam : \_\_\_\_\_ / Roll No. \_\_\_\_\_
12. Date of Passing Part – II Exam : \_\_\_\_\_ / Roll No. \_\_\_\_\_
13. Date of Joining Part – III Exam (Training) : \_\_\_\_\_
14. Period of Training : Dt \_\_\_\_\_ to Dt. \_\_\_\_\_
15. Name & Address of the Training Institute : \_\_\_\_\_
16. Date of Leaving the College : \_\_\_\_\_
17. B.D. for Rs. 300/- in favour of Member Secretary O.S.B.P. No. \_\_\_\_\_ Date \_\_\_\_\_.

I do hereby undertake that I had not taken the Migration Certificate previously. If it is found later that I was issued such Migration Certificate previously then both the certificates would be cancelled and Legal action as deemed fit would be initiated against me.

Full Signature of the Candidate

### **Documents to be enclosed:**

- (i) H.S.C. Certificate (Attach Admit Card if D.O.B. is not there),
- (ii) +2 Sc. Certificate & Mark Sheet
- (iii) All Mark Sheets of D. Pharm Part – I & II and / or C.L.C. & Conduct Certificate
- (iv) Bank Draft

**Recommendation of the Principal / HOD of the College to Member Secretary, OSBP, Orissa vide letter no. \_\_\_\_\_ date \_\_\_\_\_.**

I, Sri \_\_\_\_\_, Principal, of College \_\_\_\_\_ address \_\_\_\_\_ recommended the name of Sri \_\_\_\_\_ a student of our college having Regd. No. \_\_\_\_\_ and Roll no \_\_\_\_\_ who has passed D.Pharm examination held in the month of \_\_\_\_\_, / discontinued the D. Pharm Course, for issuance of Migration Certificate in his favour.

(Full Signature) \_\_\_\_\_

(Name of the Principal) \_\_\_\_\_

(College Stamp)