



# CONTACT DETAILS

Name of the Parents																					
Occupation																					
Address																					

Tel No.																				
Mobile																				
E-mail																				

Name of the Local Guardian																					
Occupation																					
Address																					

Tel No.																				
Mobile																				
E-mail																				

**Details of First Year Admission (where the candidate is studying at present)**

Year					Month			Branch of Study											
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**Type of Admission (Please tick only one)**

<input type="checkbox"/>	First Year (after +2)	<input type="checkbox"/>	Direct Second Year (under Lateral Entry Scheme)
<input type="checkbox"/>	Transfer from any other college(.....)		

**Details of Institution** (where the candidate is studying at present)

Name & Address of the Institution (including Telephone /Fax /E-mail)	Batch	Semester	Year	Approved by

\*whether the Institution is approved by (UGC/AICTE/any other equivalent body)

**Type of Institution** (please tick only one)

Government

Self Financing

Government Aided

Deemed to be University

Name of the University  
(for affiliated Institutions only)

**Month and Year of the Semester Examination last appeared**

Month	Year	Semester	University Register No.	Name of the University

(Please attach the Photostat copies of the mark sheets obtained from the present University/College so far)

**UNDERTAKING**

I hereby agree for the Transfer accepting all the conditions that the University may prescribe in this regard.

Further agree and state that:

- (i) I shall abide by the rules and regulations of the Institution.
- (ii) I shall appear for the equivalent or additional papers, if any, that may be prescribed by the University
- (iii) I shall diligently and faithfully follow the instructions and curriculum of the College to which I am transferred, that are in force time to time
- (iv) I agree to pay all fees that are prescribed by the University for such Transfer.

**Signature of the Parent**

**Signature of the Student**

**TRANSFER OF COURSE OR PROGRAMME FROM ANOTHER UNIVERSITY TO HITS**

**Endorsement No.** .....

**Date:** .....

**Place:** .....

This is to certify that Mr./Ms. .... (Name of Student) has submitted an application for transfer of course/programme at HITS on ..... (Date). He/She wishes to transfer to ..... programme in ..... semester in the academic year 2024-2025.

The transfer will be approved only after an NOC has been produced from the student's previous institution of study. Admission to the institution will only be approved if the student meets the following terms and conditions:

- 1. The particulars furnished by the student in the application are true and correct.
- 2. The student has not been dismissed or removed from the previous institution's roll for any of his/her activities in the institution.
- 3. The student has not been involved in any act of ragging/harassment or substance abuse.
- 4. The student has not taken part in any anti-social activities.
- 5. The student's character is good/ commendable
- 6. All decisions of the management will be final and cannot be disputed.
- 7. The transfer will be processed in adherence to University Norms.

**Head Admissions, HITS**

**Deputy Director, HITS**

**Registrar, HITS**

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