



**BIKANER TECHNICAL UNIVERSITY, BIKANER**  
**बीकानेर तकनीकी विश्वविद्यालय, बीकानेर**  
**OFFICE OF THE DIRECTOR ACADEMIC AFFAIRS**

F(17)/Acad.I/Stud.-Transfer/2020-21/ 7115

Date: 15-07-2020

**NOTIFICATION**

Applications are invited for College transfer/University transfer of students studying in 3<sup>rd</sup> sem. /5<sup>th</sup> sem /7<sup>th</sup> sem as per notification BTU/F-4(4) BoM/V/2020/2095 dated 10.07.2020 & Bikaner Technical University Regulations for the students transfer 2020.

It is to inform to the Principal/Director of all the affiliated/ constituent colleges, to forward the application of such cases as mentioned above in the prescribed format (with Demand Draft of due fee Rs. 1500/= in the favor of BTU), to the University within the fifteen days to date of issue this order.

This bears the approval of competent authority.

  
(Dr. Yadunath Singh)  
15/7/2020

**Director, Academic Affairs**

Enclosure:

1. Application Form

Ref. No. 7116 - 7119

Date: 15-07-2020

Copy to:

1. PS to Hon'ble Vice Chancellor for information.
2. All the Principal/Director of Constituent/Affiliated Colleges.
3. Registrar, RTU, Kota.
4. File.

  
(Assistant Dean, Academic)

### **Application Format for College Transfer**

Name of the Candidate :

Contact/ Mobile No. :

Name of Parent/Guardian :

Address of Correspondence :

Branch :

Year/Semester :

University Enrollment :

Details of DD :  
(As transfer fees in favor of Registrar, BTU)

Name of the source institute and University :

Name of the recipient Institute and University :

Admission through JEE/Management Quota/  
Direct Admission or any other exam :

Entrance Exam Rank (Overall) :

(Signature of the Candidate)

**Recommendation of the Source Institution**

The institute has no objection to transfer of the candidate Mr/Ms ..... student of ..... Semester/year ..... branch, from this institute. It is also certified that no disciplinary/unfair means case was registered against the student during previous year of his/her studies in the college/university.

(Signature of the Head of institute with seal)

**Recommendation of the Recipient Institution**

I have personally checked that one seat is vacant in the ..... Semester/year of the ..... branch in this institute. Hence, the institution has no objection to the transfer of the candidate to this institute.

(Signature of the Head of Institute with seal)

**Recommendation of the Medical Board**

The medical board has examined the candidate and found that a change of place (from.....) is necessary for the health of the candidate. The parent(s) of the candidate is/ are suffering from one of the disease mentioned by the university.

This opinion is based on investigations, diagnosis and recommendations of the medical board (constituted vide order no.-----dated .....) as enclosed.

(Signature of the Chairman of the Medical Board)