

REQUISITION FOR ISSUE OF MIGRATION CERTIFICATE
(Only for Graduated Students)

To,
The Associate Dean
Student Welfare Division,
BITS, Pilani – K. K. Birla Goa Campus
Goa Campus, Zuarinagar - 403726

FOR OFFICE USE ONLY

Requisition No. _____

 Payment Verified Certificate Posted

Dated: _ / _ / ____

Sir,
With due respect, I request you to kindly issue me the Migration Certificate. My particulars are as follows,

ID No: _____ Name: _____

Phone: _____ Email: _____

Date Of Birth: _____ Year Of Graduation: _____

Father's Name: _____

Current Postal Address,

I have paid the application fee through the link provided in the Migration Certificate Tab on the SWD Website. The details of transaction are as follows:

Transaction No: _____ Date of payment: _____

Thanking you,

Yours sincerely,

