

# **RAJASTHAN TECHNICAL UNIVERSITY, KOTA**

## **Application for college transfer**

Name of the candidate : Mobile No. :.....  
Father/Guardian Name : Email.ID.....  
Address for correspondence :  
Branch : Univ.Enrl.No :.....  
Admission through REAP/C-MAT/  
RMCAAT/Management Quota/Direct :  
Admission  
REAP/C-MAT/RMCAAT Rank :  
(Overall) Year :.....  
Details of DD. Rs 2,000/-deposited :  
(Non-refundable Fee in favour of  
Registrar, RTU, Kota)  
Ground of seeking college transfer :  
(1) Transfer of parents (2) Health (3) Death of parent (s)/illness (4) Any un-avoidable circumstances etc.  
Name of the source institute :  
Name of the destination institute :

Signature of the candidate with Date

*(Strike out which is not applicable)*

- 1) The certificate of the medical board is attached.
- 2) The requisite death certificate is enclosed herewith.
- 3) Recommendations and the action taken by the Women Cell under the chairmanship of  
.....(Designation) .....is enclosed herewith.
- 4)

### **Recommendation of the Source Institution**

The institution has no objection to the transfer of the candidate from this institute. The college will not fill the vacancy against his/her seat till 30<sup>th</sup> September of this year.

Signature of the Head of Institute with seal

### **Recommendation of the Destination Institution**

I have personally checked that one seat is vacant, as per R-5.0 (xiii) in the concerned branch in this institution and the last admission offered in the concerned branch in the concerned year was at REAP rank.....which is lower than the REAP rank of the candidate. Hence, the institution has no objection to the transfer of the candidate to this institute.

Signature of the Head of institute with seal

  
**Dean Academic Affairs**  
Rajasthan Technical University, Kota

**MEDICAL BOARD OPINION**

The medical Board of the following doctors has examined Sh./Ms.

.....S/D/o .....

Department of .....on dtd, ..... at

.....(Name of Medical College/Hospital).

The Board is of the opinion that Sh./Ms. ....S/D/o

.....has suffered from .....

.....and advised to change .....

.....from ..... to .....

This opinion is based on investigations, diagnosis and recommendations of the medical board (constituted vide .....dated.....) as enclosed.

**Chairman**

**Member**

**Member**



Dean Academic Affairs  
Rajasthan Technical University, Kota