

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA

APPLICATION FOR ADDITIONAL GRADE SHEETS / TRANSCRIPTS

- Instructions :**
- (i) Application shall be forwarded by the Principal / Director of the respective college specifying the reason / purpose for Additional Grade Sheets / Transcripts.
 - (ii) Grade sheets / Additional Grade Sheets / Transcripts are issued year - wise.
 - (iii) Fees of Rs.100/- per year per each grade sheet. Accordingly a Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.
 - (iv) Purpose of Additional Grade Sheet / Transcript has be enclosed with the application form (Advertisement of the University to which the candidate is applying must be attached).

A. Name of the College :

B. Registration Number :

C. Name of Student :

D. Discipline :

E. No. of Additional Grade Sheet / Transcripts required :

| | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> |
| Tick (✓) the appropriate Box | 1 st Year | 2 nd Year | 3 rd Year | 4 th Year | 5 th Year |

F. Demant Draft Details

(a) Amount : (in words.....).

(b) DD. No. : (c) DD. Date :

(d) Bank :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR MIGRATION CERTIFICATE

- Instructions :**
- (i) Fees of Rs.100/- in shape of Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.
 - (ii) Application shall be forwarded by the Principal / Director of the respective college specifying the reason / purpose for issuance of the Certificate.
 - (iii) The application shall be accompanied by the Original Registration Card issued by the University.
 - (iv) NOC from the Principal / Director of the concerned College to enclosed with application form.

- A. Name of the College :
- B. Registration Number :
- C. Name of Student :
- D. Discipline :
- E. Reason / Purpose :
.....
- F. **Demant Draft Details**
- (a) Amount : (in words.....).
- (b) DD. No. : (c) DD. Date :
- (d) Bank :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR CORRECTION OF NAME IN DEGREE CERTIFICATE

- Instructions :**
- (i) *Application shall be forwarded by the Principal / Director of the respective college specifying the corrected name.*
 - (ii) *The application shall be enclosed with the attested copies of the HSC and CHSC certificate.*
 - (iii) *Original Degree Certificate with Wrong Name.*
 - (iv) *Fees of Rs.200/- in shape of Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.*

- A. Name of the College :
- B. Registration Number / Roll No. :
- C. Discipline :
- D. Wrong Name as Printed :
- E. Correct Name to be Print :

Date :

Students Signature

Principal / Director

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA

APPLICATION FOR BRANCH CHANGE

Instructions : Refer to Clause No.2.5 of Academic Regulation for B.Tech / B.Arch / B.Pharm.

- A. Name of the College :
- B. Registration Number :
- C. Name of Student :
- D. Branch at the Time Admission :
- E. New Branch allotted :

Date :

Students Signature

Principal / Director

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA

APPLICATION FOR DUPLICATE GRADE SHEETS

- Instructions :** (i) Application shall be forwarded by the Principal / Director of the respective college specifying the reason for Duplicate Grade Sheets.
(ii) Grade sheets are issued year - wise.
(iii) Fees of Rs.100/- per year per each grade sheet. Accordingly a Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.

- A. Name of the College :
- B. Registration Number :
- C. Name of Student :
- D. Discipline :

Tick (✓) the appropriate Box

1st Year

2nd Year

3rd Year

4th Year

5th Year

F. Demand Draft Details

- (a) Amount : (in words.....).
- (b) DD. No. : (c) DD. Date :
- (d) Bank :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR DUPLICATE DEGREE CERTIFICATE

- Instructions :**
- (i) *Application shall be forwarded by the Principal / Director of the respective college specifying the reason for Duplicate Degree Certificate..*
 - (ii) *The application shall be accompanied by the Original FIR of Police Station where the degree certificate has lost / damaged.*
 - (iii) *Original Affidavit swearing before 1st Class Magistrate.*
 - (iv) *Original clipping of the news paper (at least in 2) of Orissa State in which loss / damage so published.*
 - (v) *Fees of Rs.500/- in shape of Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.*

A. Name of the College :

B. Registration Number / Roll No. :

C. Discipline :

D. Branch :

E. Issuance Date of Degree :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR DUPLICATE REGISTRATION CARD

- Instructions :**
- (i) *Application shall be forwarded by the Principal / Director of the respective college specifying the reason for Duplicate Registration Card..*
 - (ii) *The application shall be accompanied by the Original FIR of Police Station where the Registration Card has lost / damaged.*
 - (iii) *Fees of Rs.100/- in shape of Demand draft in favour of Biju Patnaik University of Technology payable at Rourkela is to be attached.*

A. Name of the College :

B. Registration Number :

C. Discipline :

D. Branch :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR SUPPORT FROM WELFARE FUND

1. Name of the student :
2. Name of the College :
3. Year of Admission :
4. Discipline :
5. Current Status :
6. Name of the Earning Member who has been supporting study as per college record :
7. Current Status of the Member Supporting Study : Deceased
 Permanently Disabled
8. Date of incident :
9. Cause of death / permanent disability
(Support with death certificate of permanent disability by a medical board by CDMO or above)
10. Current financial status of the family
(Support by an Income Certificate issued by a Revenue Officer of the rank of a Tahsildar or above)

Signature of the Applicant

FOR USE BY THE COLLEGE

11. Estimated Semester wise expenditure to complete the course requirements in minimum prescribed period
 - Tuition Fee
 - Development Fee
 - Hostel Fee
 - Transportation Fee
 - University Fees
 - Other Fees
 - Contingency
 - Total for the Current Semester
 - Total for the Remaining Semester
12. Recommendation of the College
 - (i) The case has been examined by a committee and it requires / does not require favourable consideration (Recommendation of the committee is enclosed).
 - (ii) The college agrees to pay for the expenses and claim reimbursement from Welfare Fund.

Signature of the Principal

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR RE-CHECKING / RE-ADDITION

Instructions : (i) *Application shall be forwarded by the Principal / Director of the respective college.*
 (ii) *Fees of Rs.200/- for each subject in shape of DD / Cash is to be deposited in the respective College.*

- A. Name of the College :
- B. Registration Number :
- C. Discipline & Branch :
- D. Semester / Trimester :

| SI.No. | Subject Code | Subject |
|--------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

- E. Mode of Payment :
- (i) Cash : (in Rupees)
- (ii) Demand Draft : DD No. Date :

Date :

Students Signature

Principal / Director

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA**

APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPT(S)

Instructions : (i) *Application shall be forwarded by the Principal / Director of the respective college as per clause no.12.0(b) of the Academic Regulations.*
 (ii) *Fees of Rs.260/- for each subject in shape of DD / Cash is to be deposited in the respective College.*

- A. Name of the College :
- B. Registration Number :
- C. Name of the Student :
- D. Semester / Trimester :
- E. Date of Publication of Results :
- F. Postal Address of the Student :
-Phone :

| Sl.No. | Subject Code | Subject |
|--------|--------------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Date :

Students Signature

The above information has been examined and found correct. The same is forwarded to the University for supply of Photocopy as per clause no.12.0(b) of the Academic Regulations.

Principal / Director

RECEIPT

Received the the application from Mr. / Ms.
 bearing registration no. of semester on
 (date) seeking information.

Receiving officer

College :

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA ROURKELA

APPLICATION FOR INTER COLLEGE TRANSFER IN THE ACADEMIC SESSION _____

(To be forwarded to the University through Principal/ Director of Existing college)

- Instructions :**
- (i) Application shall be forwarded by the Principal / Director of the existing college specifying the reason / purpose for Transfer of College with Official Seal..
 - (ii) No Objection Certificate from the Head of the Institution in which the student is now studying to be attached.
 - (iii) Acceptance Certificate from the Head of the Institution in which the student intends to Transfer to be attached.
 - (iv) Authenticated Medical Records, for transfer on Medical Grounds.
 - (v) Please Refer to Clause No. 2.7 of Academic Regulations for more details.

I. Details of the Existing College as per present study of the STUDENT

- A. Name of the College :
- B. Name of the student :
- C. Registration Number :
- D. Semester and Branch :
- E. Ground for Transfer : Extraordinary Circumstances; Medical Grounds (Tick any one)

II. Details of the Proposed College as per transfer intended by the STUDENT

- A. Name of the College :
- B. Name of the Branch :
- C. Approved Intake Capacity of the Branch :
- D. Present Strength in the Branch :
- E. Number of Vacant Seats in the Branch :

Date :

Signature of the Student

Counter Signature of the Principal/ Director of the Existing College with Seal :

Counter Signature of the Principal/ Director of the Proposed College with Seal:

For University office Use only

Recommendation of the Scrutiny Committee:

Recommended / Not Recommended

Old Regd. No. : New Regd. No. :

REGISTRAR

N.B. The application form for Inter College Transfer (Form.No.ACA-12) duly filled in by the student(s) and complete in every respect should be forwarded to the University through Principal/ Director of existing college. All such applications for Inter College Transfer on Medical Grounds with required documents received by the University during a particular Academic Session shall be placed before a committee for necessary scrutiny and recommendation. Based on the recommendations of the committee, the students may be allowed for Inter College Transfer in the beginning of the next Academic Session only. Such students shall have to take admission in the new college by adhering to the fee structure of that college. The concerned Principal/Director of the respective colleges shall inform the University immediately regarding such transferred cases for cancellation of the old Registration Card and issue of new Registration Card in favor of the student, as per rules.

BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ORISSA
ROURKELA

UTILISATION CERTIFICATE FOR WELFARE FUND
(To be given in the College letter Head)

- A. Name of the Student :
- B. Name of Discipline :
- C. Name of deceased parent :
- D. Amount Received from University :
with Cheque No / Date
- E. Joint Account No. of the :
Student & College *(to which the amount is credited)*

Certified that the above amount of Rs. (Rupees.....
.....) received for
the academic session has been duly disbursed to
Mr / Ms. on dated
..... for the purpose for which it has been sanctioned.

Signature of the Principal / Director

Date/...../.....

**BIJU PATNAIK UNIVERSITY OF TECHNOLOGY, ODISHA
ROURKELA**

APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE

Instruction : Application shall be forwarded by the Principal / Director of the respective college with a College Forwarding letter and all related documents

- A. Name of the College :
- B. Registration Number of Student :
- C. Name of Student :
- D. Name of the Examination, which the student could not appear
.....
- E. Start & End date of the Examination, which students could not appear
Examination Start Date Examination End Date
- F. Reason of not appearing the Examination
.....
- G. Whether a Medical Board was constituted at College level as per the academic regulation for consideration of the received application [Yes / No]
- H. Whether recommendation of the medical board is attached [Yes /No]
- I. Whether the recommendation of the Medical Certificate is forwarded within 15 days from the end of examination [Yes / No]
- J. Overall attendance (%) of the student in the Semester which student could not appear
- K. Whether the Principal / Director has signed in all pages of the testimonials submitted by the student [Yes / No]
- L. Whether the application of the student is attached [Yes / No]
- M. Recommendation / Prayer :
.....
.....

Date :

Students Signature

Principal / Director