

Sr. No. \_\_\_\_\_

Processing Fee:- 200/-

**UMA INSTITUTE OF MANAGEMENT & TECHNOLOGY**ARAZIBAG (2<sup>ND</sup> FLOOR, FRONT OF STADIUM)- AZAMGARH**BRANCH TRANSFER FORM**  
(To be filled by Student)

Name of Student : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Course : \_\_\_\_\_

Batch : \_\_\_\_\_

Roll No : \_\_\_\_\_

Previous Branch Name &amp; Address: \_\_\_\_\_

New Branch Name &amp; Address: \_\_\_\_\_

No Dues Form : **Details of Receipts:**

Sr. No.	Receipt No.	Date of Receipt	Amount			Remarks
			Fee	GST	Total	

**Reason for Transfer:**


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**Declaration**

I, \_\_\_\_\_ S/o / D/o \_\_\_\_\_ applying to transfer the course and understand and accept the implications of this request as discussed with counselor. I also understand that this transfer request will not automatically be approved and may be subject to checks on qualifications, my records and UIMT rules.

Date: \_\_\_\_\_

Student's Signature

**PART B****Transfer seeking to: (For Office use only)**

Course : \_\_\_\_\_ Batch : \_\_\_\_\_ Roll No : \_\_\_\_\_

S.No.	Particulars	Fee of Previous Branch	Amount Paid in Previous Branch	Fee of New Branch	Amount Adjusted	Balance to Paid
					<b>Total</b>	

Date : \_\_\_\_\_

**Verified By:**

(Signature of Accounts Assistant / Clerk)

**Declaration**

I agree to pay the difference of fee for new course as detailed above.

Date: \_\_\_\_\_

Student's Signature

Approved Rejected 

Date: \_\_\_\_\_

(Director-in-Charge)