Application Form for University Transfer

Name of the Candidate:

Contact/Mobile No.:

Name of Parent/Guardian:

Address of Correspondence:

Institute/Branch:

Year/Semester:

Enrollment Number:

Name of the recipient University:

Name and Signature of the Candidate

gandhinagaruni.ac.in

-- **University Campus** --
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Phone: 9904405900/01, **Email:** registrar@gandhinagaruni.ac.in
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