

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,

\_\_\_\_\_

\_\_\_\_\_

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