

GOVT. OF ASSAM
OFFICE OF THE PRINCIPAL: ASSAM ENGINEERING INSTITUTE
GUWAHATI-03

NOTICE

In partial modification to AEI letter No. AEI/Admn/2023/501-06, dated 13/02/2023 this is for the information of all 1st semester students of Assam Engineering Institute that as per DTE's letter No. TE[Ex]Admn-04/2023/25 dated 13/01/2023, students who are willing to take transfer from one polytechnic to another have to submit their application within **10 (Ten) days from start of 2nd Semester**. Applicants have to fill up and submit the attached **FORMAT along with their application** and submit a copy of their caste certificate (if any). The applicants have to deposit an amount of **Rs.100/- (Rupees One Hundred Only)** a non-refundable transfer processing charge to the under mentioned bank account through NEFT and attach a copy of the receipt with their application.

Bank details:

In favour of: Controller of Examinations, SCTE, Assam
Name of bank: State bank of India
Branch: Kahilipara, Guwahati
Account No: **33334506570**
IFSC Code: SBIN0004420


Principal
Assam Engineering Institute
Guwahati-03

Memo No: AEI/Admn/2023/ 539-44

Date: 16/2/2023

Copy to:

1. Institute Notice Board.
2. All Hostel Notice board.
3. All HODs of Assam Engineering Institute, for information and display in Departmental Notice Board and circulation among faculties and students of respective department.
4. All Prof-in-charge of Assam Engineering Institute, for information and display in Departmental Notice Board and circulation among faculties and students of respective department.
5. Head Asstt. AEI, for information.
6. System Administrators, AEI, for displaying in AEI Website.
7. Office copy.


Principal
Assam Engineering Institute
Guwahati-03

FORMAT

INSTITUTIONAL TRANSFER FROM ONE INSTITUTE TO OTHER

**BASIC INFORMATION
[TO BE FILLED UP BY THE STUDENTS]**

STUDENT'S DETAILS: -

- I) NAME OF THE STUDENT: _____
- II) FATHER'S NAME: _____
- III) PRESENT INSTITUTE/COLLEGE: _____
- IV) PRESENT BRANCH : _____
- V) ROLL NO. OF THE STUDENT: _____
- VI) REGISTRATION NO. _____
- VII) CONTACT NO. OF STUDENT: _____
- VIII) CONTACT NO. OF FATHER'S/ GUARDIAN: _____
- IX) WHERE THE STUDENT WILLING TO TAKE TRANSFER: _____
- X) REASON OF TRANSFER: _____
- XI) VALID SUPPORTING DOCUMENTS: _____
- XII) MARKS OBTAINED IN PAT/ RANK OF CEE: _____

NOTE : TRANSFER WILL BE ALLOWED AS "NO BRANCH" AND SUBJECT TO 'VACANCY'.

SIGNATURE OF PARENTS

SIGNATURE OF STUDENT

DATE:

DATE:-

OFFICE USE

[TO BE FILLED UP BY THE PARENT COLLEGE/ INSTITUTE OF THE STUDENT]

FROM THE PRINCIPAL OF THE INSTITUTE/ COLLEGE: -

- I) RECOMMENDATION FROM THE INSTITUTE LEVEL TRANSFER COMMITTEE: YES/ NO.
- II) WHETHER THE NORMS OF A.I.C.T.E. AND N.B.A. REQUIREMENT IS MAINTAINED: YES/NO.
- III) WHETHER THE STRENGTH IS 75% OF INTAKE CAPACITY OF THE BRANCH: YES/NO.
- IV) RECOMMENDATION OF THE PRINCIPAL: RECOMMENDED: - YES/ NO.

SIGNATURE OF THE PRINCIPAL OF THE
INSTITUTE/COLLEGE

DATE:-