

# The ICFAI University, Tripura

(Established under Section 4(2) of The Institute of Chartered Financial Analysts of India University, Tripura Act 2004)
Campus address: Kamalghat (near Agartala), PIN-799210, Tel: 0381-2865752/62 Fax: 2865-754
Website: www.iutripura.edu.in E-mail: registrar@iutripura.edu.in

### POLICY FOR CREDIT TRANSFER/ INTER UNIVERSITY TRANSFER

The ICFAI University Tripura has adopted credit transfer policy for UG and PG regular degree programs run by the University and framed the following rules:

#### Eligibility:

This rule is applicable for those students who have completed a semester/year of UG /PG program under a UGC recognized Indian University/College/Institute.

Or

A student pursuing a UG/PG Program under a UGC recognized Indian University and Foreign University.

Or

A student pursuing a UG/PG Program under any University of ICFAI Group .

#### Procedure:

- 1.. The candidate will have to submit all his relevant self attested documents along with the application &NOC where he/she pursued the program.
- 2. The Admission fee will be Rs. 20,000/- in addition to the semester fee, Caution Deposit and Hostel & Mess Charges if applicable at the time of registration through cashless mode. DD to be made in favour of "The ICFAI University Tripura Fee Collection Account" payable at Agartala.
- 3. Court Affidavit to be submitted for the ground of transfer by the candidate. The candidate have to mention on the affidavit that all information given by him/her are correct and all documents deposited by him/her are genuine. In case any information/certificate submitted by him/her is found false/fake, he/she will be liable for the appropriate administrative/legal action.
- 4. The eligibility criteria and matching of the credits for that program will be done according to the credits matching norms of the ICFAI University Tripura and candidate should follow the Academic and Administrative rules of IUT after registration.
- 5. The certificate/mark sheets/documents submitted by the candidate will be verified by IUT.
- The Policy of credit transfer will be applicable only in the regular degree programs at PG & UG Level offered by IUT. The candidate will not be eligible to take admission under Credit Transfer from Distance to Regular mode.

 Credit transfer will be applicable only from a graduate degree to a graduate degree and post graduate to post graduate degree of same program respectively against guidelines.

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- 8. In case the program credits of IUT are more than the credits completed program by the candidate from other universities/Colleges/institution, then the candidate will be required to give the extra papers to match the credits of IUT.
- 9. All correspondence to the ICFAI University Tripura to be made addressing to

The Registrar
The ICFAI University Tripura
Agartala-Simna Road, PO: Kamalghat
Agartala West Tripura-799210
Phone:0381-2865752
E-mail:registrar@iutripura.edu.in

10. The ICFAI University Tripura has reserved the right to accept or reject any application.

Asst. Manager, Administration

Dr. A Ranganath
Registrar
Registrar,
ICFAI University Tripura
Kamalghat, Tripura (West).

Dr. P Rana Borthakur Dean, FST

Dr. P. R. BORTHAKUR DEAN

Faculty of Science & Technology, Icfal University Tripura.

Prof. Biplab Halder
Pro-Vice Chancellor
Pro-Vice Chancellor,
ICFAI University, Tripura,
Kamalghat, West Tripura.





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## APPLICATION FOR TRANSFER to UNIVERSITY

NOTE: - 1. The transfer process should not be undertaken without the approval of the ICFAI University Tripura.

2. Applications which are not complete with all the required particulars or not accompanied by Fees clearance and other relevant documents will be rejected.

3. Corrections of the Entries, if any shall be properly supported with valid self attested documents.

4. Candidate should fulfill the minimum eligibility criteria of admission

certificate	OF THE STUDENT(as entered in the test of the qualifying examination)	ty cineria of aumission of 10 f for respective program.
2a) Name	e of the Parent	
b) Name	e of the Guardian( if Parent is not alive)	
c) Relati	ionship of the Candidate to the Guardian Parent is not alive	
3. Addres	ss to which communication has to be made	
4. Univer	rsity/Institution in which the student is now	University/Institution to which the transfer is an included
studying	rsity/Institution in which the student is now	University/Institution to which the transfer is required
studying 5. Particul	lars of Study	In the Institution in which the candidates is now
5. Particul a) N	lars of Study	
5. Particul a) N	lars of Study	In the Institution in which the candidates is now
5. Particul  a) N  b) Y	lars of Study	In the Institution in which the candidates is now
studying 5. Particul a) N b) Y c) M	lars of Study Name of Program Year/Semester	In the Institution in which the candidates is now

6. Particulars of appearance for the University Examinations:-

Name of the Examination:

Month & Year of Appearance:

Registration No:

Whether Passed/Failed/ Result awaited
Year/Semester
X

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his Academic year or previous year if so, give details.	
B)Whether He/She had involved in malpractice in any of the University Examination. If so, furnish the details of the punishment given by the University and enclose the copies of the orders of the University	
9) Furnish the reasons for seeking admission now	

Check List

SI No	Particulars	
1	Copy of Madhyamik Admit Card/Birth Certificate	Attached (Yes/No)
2	Copy of Madhyamik Mark sheet	
3	Copy of H/S(+2) Mark sheet	
4	Copy of Graduation/ All Last completed Transcript/All Grade Sheet/All Mark sheet	
5	Domicile/Permanent Residential Certificate	
6	No-Objection/Transfer Certificate	
7	Syllabus of the pursued program	

I declare that the above particulars furnished by me are correct and I am aware that the University reserves the right to cancel my admission when the particulars now furnished above are subsequently found to be false or incorrect or any other facts are suppressed.

SIGNATURE OF THE CANDIDATE

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# NO-OBJECTION /TRANSFER CERTIFICATE FROM INSTITUTION/ UNIVERSITY. (On Institution Letter Head)

Reference:	. Date:
This is to certify that Mr./Ms. So/Do:  PO: of State:	Of Vill:
is a student of Program, Semester of this University and granted perm	Year,
University Tripura inSemester  w.e.f: academic session. He institution w.e.f: and our in	of year of same program
if he/she pursue rest part of the program from The above student bears a good moral chara	any other University
belief.	

Signature of Head of Institution

Name:

Designation:

Contact No:

E-mail:

Seal:

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## <u>Affidavit</u>

I,Mr./Ms Of
Vill: po:
State: do hereby solemnly affirm and declare as under:
1. That that all information given by me is correct and all documents deposited by me are genuine. In case any information/document submitted by me is found false/fake, I will be liable for the appropriate administrative/legal action.
2. That all the academic record/documents submitted by me are genuine as per my best knowledge and belief.
3. That the deponent has fully understood the clauses, terms and conditions as stipulated by the ICFAI University Tripura and I will obey all code of Conduct of the University during my stay with the University as a student.
DEPONENT
Verification:
I, the above named deponent, do hereby verify on
DEPONENT

Mw. (

AT University

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