CREDIT TRANSFER APPLICATION FORM

(For Students Seeking Credit Transfer at Admission / Lateral Entry / External Courses)
Please fill in all required fields in BLOCK LETTERS.

SECTION A: Applicant Details

Field	Information	
Name of the Student		
Date of Birth	DD/MM/YYYY	
Gender	☐ Male ☐ Female ☐ Other	
Contact Number		ABC ID:
Email ID		
Aadhar Number (for Indian nationals)		
Program Applied at IILM		
School / Department		
Academic Year of Admission		
Admission Category	☐ First-Year Entry ☐ Lateral Entry ☐ External Credit during IILM studies	

SECTION B: Previous Institution Details (if applicable)

Field	Information
Name of the Previous Institution	
Type of Institution	☐ University ☐ College ☐ Foreign Institution ☐ MOOC Platform (SWAYAM/NPTEL)
Address	
Duration of Study	From: _____ To: _____
Program / Course Name	
Total Credits Earned	
CGPA / Percentage	
Institution Recognized by	☐ UGC ☐ AICTE ☐ AIU ☐ Internationally Accredited ☐ Other: _____

SECTION C: Credit Transfer Request Details

S. No.	Course Title (as per previous institution)	Credit Hours	Grade Obtained	Equivalent Course at IILM	Core / Elective	Requested for Transfer (Yes/No)
1.					☐ Core ☐ Elective	☐ Yes ☐ No
2.					☐ Core ☐ Elective	☐ Yes ☐ No
3.					☐ Core ☐ Elective	☐ Yes ☐ No
...						

(Attach separate sheets if needed)

SECTION D: List of Supporting Documents (Self-attested copies)

☐ Marksheet / Grade Card of Completed Semesters
☐ Course Syllabus / Outline of Each Course
☐ Institution Recognition Proof (UGC/AICTE/AIU certificate or link)
☐ Bonafide Certificate / Transfer Certificate (for Lateral Entry)
☐ Any MoU/Letter of Approval (for exchange programs/MOOCs, if applicable)
☐ Academic Transcript (for MOOC/NPTEL/SWAYAM courses)

Declaration by the Student

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that submission of false information may lead to rejection of my application or cancellation of admission/credits. I agree to abide by the decision of the concerned academic authorities.

Date: _____

Signature of the Applicant: _____

FOR OFFICE USE ONLY

Recommendation of the Department:

☐ Credit Transfer Approved (Total Credits Approved: _____)
☐ Credit Transfer Not Approved
☐ Additional Clarifications Required

Remarks:

_____
_____
_____
_____
_____
_____
_____

Signature of HoD / Dean: _____ Date: _____

Name & Seal: _____

Registrar's Office Verification:

Application Received On: _____
Documents Verified By: _____
Decision Communicated On: _____
Remarks (if any): _____

Signature: _____

Registrar / Authorized Signatory