

## <u>Dr. N T R UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH,</u> VIJAYAWADA – 520 008

## APPLICATION FOR ISSUE OF PERMANENT DEGREE, OFFICIAL TRANSCRIPT AND MIGRATION CERTIFICATES

NO FORMAT OTHER THAN THIS SHALL BE USED. PLEASE READ THE INSTRUCTIONS AVAILABLE AT COLLEGE OFFICE & UNIVERSITY WEBSITE BEFORE FILLING UP AND SUBMIT TO THE UNIVERSITY THROUGH THE CONCERNED PRINCIPAL, BY THOSE CANDIDATES WHO HAVE PASSED BUMS examination and after completion of internship.

| l.  | . Name of the Candidate. (As in Intermediate Certificate)                 |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| 2.  | . Name of the Father / Mother   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| 2 Details of Study                          |   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
| 3. <u>Details of Study</u> :                |   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
| a. Passed in the course (Month & Year):     |   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    | -    |     |   |  |  |  |  |  |  |   |  |  |   |
| b. Division :                               |   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      | -   |   |  |  |  |  |  |  |   |  |  |   |
|   | c. College where studied & Passed : d. Registered No. / Hall Ticket No. : |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
|   | d. Registered No. / Hall Ticket No. : [                                   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| 4.  | D   | etail | s of | Fee | Paid |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
| ••  | a. Amount: Rs b. DD/Pay Order / Dr. NTRUHS Challan No:                    |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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|   | c. Name of the Bank: Date:  |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
|   | 5. Details of Internship:  6. Details of Registration done with state:    |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| a. Date From: To :                          |   |       |      |     |      |  |     | á                                | a. Temporary/Permanent Registration Number: |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
| b. Name & Place of the Hospitals:           |   |       |      |     |      |  | . 1 | b. Date & Place of Registration: |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| NAME & ADDRESS:                             |   |       |      |     |      |  |     |                                  |   |                            |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |
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| Left Hand Thumb Impression of the Candidate |   |       |      |     |      |  |     |                                  |   | Signature of the Applicant |  |  |   |                      |                                    |      |     |   |  |  |  |  |  |  |   |  |  |   |

## **IMPORTANT NOTE:**

Please go through the INSTRUCTIONS / GUIDELINES before filling up the application, which is available with your college office or you can download the INSTRUCTIONS from Dr. NTR UHS Website at: http://ntruhs.ap.nic.in

Enclose the following Certificates (Attested copies) in order of preference.

- 1. Intermediate Certificate.
- 2. Copies of Marks Memos of all years (including failed memos).
- 3. Provisional Certificate.
- 4. Internship Certificate.
- 5. Temporary / Permanent Registration Certificate.
- 6. If Transferred from one college to another college for Internship, No Objection Certificate copy to be enclosed.

| FOR THE USE OF PRINCIPAL'S OFFICE ONLY             |   |                            |  |  |  |  |
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| Cartified that the details furnished by Dr         |   | are verified from the      |  |  |  |  |
| Certified that the details furnished by Dr.        |   |                            |  |  |  |  |
| relevant records and are found correct. Hence, the | here is no objection for issue of this Degree | to him / her.              |  |  |  |  |
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| 1. T. R. No :                                      | 2. Degree Certificate Sl. N                   | No :                       |  |  |  |  |
| 3. Sl. No. & Page No. of the Degree Issue Regis    | ter   |                            |  |  |  |  |
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| All the details have been verified                 | D. D. has been removed by the P. R. O.        | Cell. Hence, the Permanent |  |  |  |  |
| Degree Certificate may be issued.                  |   |                            |  |  |  |  |
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| Sr. Asst Supdt.                                    | A. R. (Exams)                                 | D. R. (Exams)              |  |  |  |  |
|  |   | ` /                        |  |  |  |  |