



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FOR (Tick the Required)

- a. Duplicate Provisional Certificate
- b. Migration Certificate
- c. Attestation of the documents
- d. Genuinity/Credential Verification
- e. WES / NDEB Form
- f. Medium of instruction

1.	Name of the Candidate (as per Intermediate Certificate)		
2.	Name of the course passed		
3.	Hall Ticket/Register Number		
4.	Month and Year of Passing		
5.	College in which studied		
6.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:
7.	Address for communication (with phone number)		

SIGNATURE OF THE CANDIDATE

Please tick the documents submitted:

All payments shall be made through D.D in favourof Registrar, Dr. YSR UHS, Vijayawada

<b>A. Duplicate Provisional Certificate:</b> 1. Intermediate Certificate.(Photo copy) <input type="checkbox"/> 2. Marks Memos of All Years. (photo copies) <input type="checkbox"/>	<b>D. Genuinity (Credential Verification):</b> Xerox copy of Original Degree Certificate <input type="checkbox"/>
<b>B. Migration Certificate</b> Original Degree Certificate (Photo copy) <input type="checkbox"/>	<b>E. WES / NDEB Form</b> 1. Xerox copy of Original Degree Certificate <input type="checkbox"/> 2. Xerox copy of Original Transcript Certificate <input type="checkbox"/>
<b>C. Attestation of the documents :</b> 1. Original certificates. <input type="checkbox"/> 2. Photo copies of certificates. <input type="checkbox"/> 3. Fee of Rs.1500/- upto 40 copies. <input type="checkbox"/> Fee of Rs.2500/- Between 40& 60 copies. <input type="checkbox"/> Fee of Rs.4000/- above 60 upto 80 copies. <input type="checkbox"/>	<b>F. Medium of instruction:</b> Xerox copy of Original Degree Certificate <input type="checkbox"/>
<b>FOR THE USE BY PRO CELL OF Dr. YSR UHS, VIJAYAWADA.</b>	<b>ADDRESS FOR COMMUNICATION</b>

