



Dr. NTR UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH
VIJAYAWADA – 520 008

This application form may be downloaded by candidates through NTR UHS Website
<http://ntruhs.ap.nic.in>

APPLICATION FOR ISSUE OF PERMANENT DEGREE CERTIFICATE &
MIGRATION CERTIFICATE B.Sc., (NURSING)/ POST BASIC B.Sc., (NURSING)

(This is the prescribed Application Form for obtaining Permanent Degree Certificate & Migration Certificate, to be filled up and to be submitted to this University through the concerned Principal, by all those candidates who have passed their UG Degree Courses of B.Sc., (N)/PB B.Sc., (N) Examinations.)

1) Full Name of the Candidate:

2) Surname of the Candidate:

3) Name of the Father / Mother of the Candidate:

4) a) Degree Certificate applied for: _____

b) Month & Year of Passing: _____

c) Hall Ticket No. B.Sc., (N)/PB B.Sc., (N) Course: _____

d) College where studied and passed: _____

5) Details of fee paid:

a) Amount: Rs. _____/-, b) Demand Draft No. _____, c) Date: _____

d) Name of the Bank: _____, Place of the Bank: _____

Please affix here
your latest
passport size
photograph duly
attested by the
Principal (Color
or Black & White)

FOR THE OFFICE USE ONLY

ADDRESS FOR COMMUNICATION

FOR THE USE OF NTR UHS EXAMINATIONS WING

Jr. Asst.

Sr. Asst.

Supdt.

Asst. Registrar(Exams)

Dy. Registrar(Exams)

7) **FEE DETAILS:-**

Sl. No.	Details	Ordinary	Double Payment (for early issued)
1.	Original Degree Certificate (OD) (Late fee is Rs.200/- per year upto a maximum of Rs.1,000/-)	2000/-	4,000/-
	Migration Certificate (MC)	500/-	1,000/-

- a) Demand Draft for obtaining the Permanent Degree Certificates is to be taken from any Nationalized Bank, payable at Vijayawada, in favor of "**The Registrar, Dr. NTR University of Health Sciences, Vijayawada**".
- b) **The amount once paid towards fee for OD/MC shall not be refunded or transferred under any circumstances. No correspondence will be entertained in this regard.**
- c) **The Dr. NTR University of Health Sciences shall not be responsible for non receipt of applications or for its delay in Postal transit or loss in transit.**

8) **ENCLOSURES:- The Following serial wise:**

1. Two Passport size Photographs (One affixed on the application form duly attested by the concerned Principal)
2. Demand Draft for OD/MC Fee
3. Attested Copy of Intermediate or its Equivalent Certificate.
4. Attested Copy of Provisional Certificate of B.Sc., (Nursing)/ PB B.Sc., (Nursing).
5. Attested Copy of Nursing Registration Certificate issued by the A.P. Nursing Council for B.Sc., (N)/ PB B.Sc., (N) Course. (renewable every five years)
6. Attested copies of All Marks Memos passed and failed.

Signature of the Applicant

FOR THE USE OF PRINCIPAL'S OFFICE ONLY

Certified that the details furnished above by Mr. / Ms. _____ are verified from the relevant records and are found correct. The applicant has no dues to this college. Hence, there is no objection for issue of Permanent Degree Certificate to him/ her.

Station: _____

Date: _____

(Signature of the principal with office seal)

**INSTRUCTION / GUIDELINES TO THE CANDIDATES WHO ARE APPLYING FOR
ISSUE OF PERMANENT DEGREE CERTIFICATE & MIGRATION CERTIFICATE OF
B.Sc., (NURSING) / PB B.Sc., (NURSING) COURSES**

- 1) Use only Capital Letters.
- 2) All applications must be routed through Principal of the College where the applicant has studied and passed the B.Sc., (Nursing)/ Post Basic B.Sc., (Nursing) Degree Examinations.

- 3) **Column No.1 & 2 of the application form: Full Name & Surname of the Candidate:**
- a) It should be written as spelt in the Intermediate or its Equivalent Certificate (by those who are applying for B.Sc., (Nursing)/ Post Basic B.Sc., (Nursing) Degree permanent Certificates only.
 - b) In case of those who want to obtain the B.Sc., (Nursing)/ Post Basic B.Sc., (Nursing) Degree Certificates as per the changed name/ Changed Surname, the full change name must be written as spelt in the AP Gazette/ Proceedings of the Dr. NTR University of Health Sciences/ Proceedings of the Director of Medical Education, Andhra Pradesh/ Proceedings of the Director of Health, Andhra Pradesh OR any other Educational Authority.
- 5) **Two Address Slips:** Two address slips given at the end of this page of this application form are to be filled up by the candidates (all in capital letters only), giving the Pin Code, Telephone No., Cell Phone No., for use by Dr. NTR UHS Examination Wing, for pasting on the Degree Dispatch covers for the purpose of Post.

FILLING THE BELOW TWO COLUMNS IS MANDATORY

To:

Pin Code:_____ Telephone No._____ Cell Phone No._____

To:

Pin Code:_____ Telephone No._____ Cell Phone No._____