

Dr. NTR UNIVERSITY OF HEALTH SCIENCES :: AP :: VIJAYAWADA – 8

APPLICATION FOR THE ISSUE OF B.Sc.(MLT) TRANSCRIPT OF MARKS

Name of the Candidate :
(As per Intermediate Certificate)

Name of the College Course Completed :

Year of Passing :

Division :

Date of Admission in above course From_____ To_____

Fee Particulars: DD/Challana No. Amount: Date: Bank:

Details of Examination Passed with Marks obtained and Attempts:

COURSE	SUBJECT	Month & Year of Exam Passed	Max Marks	Marks obtained	No. of Attempts with in Mentioned Month & Year
First Year	English		100		
	Anatomy		150		
	Physiology		150		
	H.P.P.C		150		
Second Year	Biochemistry - I		150		
	Microbiology – I		150		
	Pathology - I		150		
Final Year	Biochemistry - II		150		
	Microbiology – II		150		
	Pathology - II		150		

I declare that the above particulars furnished by me are correct and I am aware that the University reserves the right to take appropriate action when the particulars correct or facts suppressed.

Station:

SIGNATURE OF THE CANDIDATE

Enclosures:

1. All the Marks Memos Attested Copies by Principal including fail Marks Memos issued by the University
2. Provisional Pass Certificate
3. Required fee by way of Demand Draft in favor of The Registrar, Dr. NTR UHS, Vja
4. Intermediate or its equivalent Certificate

<u>FOR THE OFFICE USE ONLY</u>	<u>ADDRESS FOR COMMUNICATION</u>
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