

Dr. NTR UNIVERSITY OF HEALTH SCIENCES VIJAYAWADA-8
APPLICATION FOR THE ISSUE OF BPT TRANSCRIPT OF MARKS (prior to 2002)

Name of the candidate :
(As per Intermediate)

Name of the college :

Month & Year of passing:

Division :

Date of admission :

Reg.No:

Date of completion of Internship:

DD NO:

Fee Particulars :

Bank:

Dt :

Details of Examinations passed with Marks obtained and attempts.

Course	Subject	Month & year of Exam	Maximum Marks	Marks Obtained	No. of Attempts
1 st Semester	English		150		
	Psychology/Sociology		150		
2 nd Semester	Anatomy		200		
	Physiology incl. elements of Biochemistry		200		
3 rd Semester	Microbiology/Pathology		100		
	General Medicine Incl. Elements of Pharmacology General surgery/Paediatrics		100		
	Nursing & First Aid		100		
4 th Semester	Exercise Therapy		200		
	Massage		100		
	Bio-Mechanics		100		
5 th Semester	Electrotherapy (Low & Medium Frequency)		200		
	Electrotherapy(High Frequency)		200		
6 th Semester	Community based Rehabilitation		150		
7 th Semester	Orthopaedics for Physiotherapists		150		
	Neurology for Physiotherapists		150		
	Cardio-Respiratory Disorders for Physiotherapists		150		
8 th Semester	Physiotherapy for Ortho Conditions Including Sports		200		
	Physiotherapy for Neurology Conditions		200		
	Physiotherapy for cardio Respiratory for Conditions		200		
	Rehabilitation Medicine Including Geriatric Rehabilitation		150		
	Project Study		100		

P.T.O

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.

Address for communication: (Write Full Address in Two Boxes with **Postal Pin no & Phone No.**)

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SIGNATURE OF THE CANDIDATE

ENCLOSURES: *(All the enclosures must be attested by the Principal)*

1. Attested Copies of all the Marks Memos issued by the University.
2. Copy of Intermediate Certificate.
3. Copy of Provisional Certificate.
4. Copy of Internship Certificate.
5. Demand Drafts for Rs.1500/- (One Thousand Five Hundred Only) in favor of Registrar, Dr. NTR University of Health Sciences payable at Vijayawada drawn on any Nationalized Bank.

Note:

1. Attested copies should be legible
2. Application for Transcript will be processed and issued as per serial order.
3. If the application is not accompanied by the required enclosures specified above the application will not be processed and no further correspondence will be entertained.

(FOR OFFICE USE ONLY)

Verified by:

Transcript Typed by:

Verified by: