

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES VIJAYAWADA-8**  
**APPLICATION FOR THE ISSUE OF BPT TRANSCRIPT OF MARKS (NEW SCHEME)**

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.

Year	Subject	Maximum Marks	Passing Marks	Marks Awarded	No. of Attempts	Remarks
<b>FIRST</b>	English	100	50			
	Sociology & Psychology	100	50			
	Anatomy	200	100			
	Physiology	200	100			
	Biochemistry	100	50			
<b>SECOND</b>	Microbiology & Pathology	100	50			
	Exercise Therapy	200	100			
	Electrotherapy – I (Low & Medium Frequency)	200	100			
	Electrotherapy – II (High Frequency)	200	100			
	Biomechanics & Applied Anatomy	100	50			
<b>THIRD</b>	General Medicine & (incl. Pharmacology & Paediatrics) General Surgery (incl. Plastic Surgery, Obstetrics & Gynaecology)	100	50			
	Clinical Orthopaedics	100	50			
	Physiotherapy in Orthopaedic Conditions	200	100			
	Clinical Neurology	100	50			
	Physiotherapy in Neurology Conditions	200	100			
	Community Based Rehabilitation	100	50			
	Rehabilitation medicine including Geriatric Conditions	200	100			
<b>FOURTH</b>	Clinical Cardio-Respiratory Conditions	100	50			
	Physiotherapy for Cardio Respiratory Conditions	200	100			
	Project Study	100	50			

PTO

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.)**

--	--

***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 Draft 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:**