Dr. NTR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008 APPLICATION FOR (Tick the Required)

a	. Duplicate Provisional Certificate	d. Genuinity/Credential Ver	rification
b. Migration Certificate		e. WES / NDEB Form	
C	. Attestation of the documents	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	te:
		Amount: Bar	ık:
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. NTR UHS, Vijayawada

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