

<u>Dr. YSR UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH,</u> <u>VIJAYAWADA - 08</u>

MBBS COURSE

APPLICATION FOR PERMANENT DEGREE CERTIFICATE, OFFICIAL TRANSCRIPT AND MIGRATION CERTIFICATE FORTHCOMING ANNUAL CONVOCATION

. Name of the Candidate: (As	Name of the Candidate: (As exactly written in Intermediate certificate)				
. Name of the Father / Mother :					
3. Details of Study :					
a. College where studied & Passed :					
b. MBBS Passed in (Month & Year) :					
c. Division :					
d. Hall Ticket No. :					
4. Details of Fee Paid :					
a. Amount :	b. D.D.No. :				
c. Date :	d. Bank Name :				
5. Details of Internship :	6. Details of Registration done with state MCI :				
a. Date From : to	a. Temporary/Permanent Registration Number:				
b. Name & Place of the Hospital:	b. Date & Place of Registration:				
NAME & ADDRESS:					
	Please affix here your latest passport size photograph (colour) with wearing of apron DO NOT STAPLE				
Mobile No : PIN:	OR PIN THE PHOTO				
E-Mail ID:					
For the use by PRO Cell	Signature of the Applicant				

DETAILS OF MARKS							
COURSE	SUBJECT	MAX MARKS	PASSING MARKS	MARKS AWARDED	MONTH & YEAR OF PASSING	NO. OF ATTEMPTS (including NR/DET/AB)	
First MBBS	Bio – Chemistry	200	100				
	Anatomy	200	100				
	Physiology	200	100				
Second MBBS	Pharmacology	150	75				
	Microbiology	150	75				
	Pathology	150	75				
	Forensic medicine	100	50				
Final MBBS Part – I	Oto-Rhino-Laryngology (ENT)	100	50				
	Ophthalmology	100	50				
	Community Medicine (SPM)	200	100				
Final MBBS Part – II	Medicine	300	150				
	Surgery	300	150				
	Obstetrics & Gynaecology	200	100				
	Paediatrics	100	50				
		TOTAL	MARKS				

Enclose the following Certificates (attested copies) in order of preference.

- 1. Prescribed fee in the form of Demand Draft drawn in favour of the Registrar, DrYSR UHS Payable at Vijayawada
- 2. Intermediate Certificate (Pass Certificate long marks memo)
- 3. Copy of proceedings issued by Dr. YSR UHS in case of change in Name/Surname.
- 4. Provisional Certificate
- 5. Internship Certificate
- 6. Temporary/Permanent Registration Certificate
- 7. Copies of Marks Memos of all Years (including failed memos)
- 8. AHA certified BLS certificate issued by Dr YSR UHS.
- 9. If transferred from one College to another college for Internship, NOC issued by Dr. YSR UHS must be enclosed.
- 10. Don't enclose any other copies which are not asked for

FOR THE USE OF PRINCIPAL, OFFICE ONLY					
Certified that the	details furnished by	y Dr	are		
verified from the relevant records and are found correct. The applicant has no due to thi					
college. Hence, the	re is no objection for	issue of MBBS Degree to him	her.		
Station :					
Date :		(C) ((1 F	11 O.C C . 1)		
		(Signature of the F	rincipal with Office Seal)		
F	OR THE USE OF DR	YSR UHS EXAMINATION	WING		
1. T.R.No. :		2. Degree Certificat	2. Degree Certificate Sl.No		
3. Sl.No. & page No	o. of the Degree Issue	Registrar (IN Advance OF)			
Submitted:					
		D.D. has been removed by the anscript & Migration Certification			
Sr.Asst.	 Supdt.	A.R (Exams)	D.R (Exams)		