

**APPLICATION FORM FOR OBTAINING ORIGINAL DEGREE CERTIFICATE
FOR PG COURSES ONLY**

Dr. Y.S.R.UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH

VIJAYAWADA-520008

Course: _____ Applied For: Ordinary/Earlier

IN ADVANCE
POST CONVOCATION

No format other than this shall be used. Please read the instructions given in pages 3 & 4 before filling up.
This application form may be down loaded by candidates through YSR UHS Website No.http://203.199.178.93

**APPLICATION FOR ISSUE OF PERMANENT DEGREE CERTIFICATE
FOR ALL PG COURSES IN ADVANCE/POST CONVOCATION**

(This is the prescribed Application Form for obtaining Permanent Degree Certificate IN ADVANCE of the Annual Convocation, to be filled up and to be submitted to this University through the concerned Principal, by all those candidates who have passed their PG Degree/PG Diploma/ Super Speciality Degree Examinations between the last and Forthcoming Annual Convocation only).

- 1) Full Name of the Candidate :

- 2) Surname of the Candidate :

- 3) Name of Father / Mother of the Candidate:

- 4) a) Permanent Degree / Diploma Certificate Applied for : _____
b) Month & Year of Passing : _____
c) Registered No. (H.T.No. _____)
d) College where Studied and Passed. _____
- 5) Details of fee paid:
a) Amount : Rs. _____ b) DD/Pay Order No. _____
c) Date. _____ d) Name of the Bank : _____
e) Place: _____

Please affix here
your latest
passport size
photograph with
wearing of Apron
duly attested
by the Principal

FOR THE USE OF Dr. YSR UHS EXAMINATIONS WING

- 1) TR Page No. 2) Degree Certificate Sl.No
- 3) Sl.No. & Page No. of the
Degree Issue Register (IN ADVANCE of) _____

Submitted:

All the details have been verified. DD/PO has been sent to the Finance Wing. Hence, the Permanent Degree Certificate may be issued.

Jr.Asst. Sr.Asst. Supdt. AR(Exams) DR(Exams) JR(Exams)

6) Details of Registration done with the State MCI/DCI/NCI:

- a. Registration No: _____ Temporary/ Permanent: _____
 b. Date of Registration : _____ c. Place of Registration: _____

7) Full Postal Permanent and Correspondence address (with PIN Code)

<u>Permanent</u>

<u>Correspondence</u>

8) Telephone / Cell Phone No. :
 Email ID:

Place:

Date :

(Signature of the Applicant)

FOR THE USE OF PRINCIPAL ONLY

Certified that the details furnished above by Dr. _____ are verified and found correct. The applicant has no dues to this College. Hence, there is no objection for issue of Super Specialty Degree / PG Degree / PG Diploma / PhD./ UG permanent Degree Certificate to him / her.

Place :

Date :

(Signature of the Principal with office seal)

INSTRUCTIONS / GUIDELINES TO THE APPLICANTS

- 1) USE ONLY CAPITAL LETTERS.
- 2) All Applications must be routed through the Principal of the College where applicant has studied and passed the PG Degree / PG Diploma / Super Specialty Degree Examination.
- 3) **Column No.1 & 2 of the application Form: Full Name & Surname of the Candidate:**
 - a. It should be written strictly as spelt in the UG Degree Certificate (by those who are applying for PG Degree / PG Diploma / Super Specialty Degree Permanent Certificates Only).
 - b. In case of those who want to obtain the UG Degree/PG Diploma/Super Specilaty Degree Certificates as per the changed name/changed Surname, the Full changed Name must be written **as spelt in the AP Gazette/Proceedings of the YSR University of Health Sciences/Proceedings of the Director of Medical Education, Andhra Pradesh/Proceedings of the Director of Health, Andhra Pradesh OR any other Educational Authority and the copy of letters should be enclosed.**
- 4) **Column No.3 of the application Form: Name of the Father / Mother:** It should be filled up only by those who are applying for issue of the Permanent Degree certificate only.
- 5) **Column No. 4(a) of the application form : Permanent degree Certificate Applied For:**
Please specify whether apply for issue of MD/MS Degree/Diploma /MD(AYU)/MD(H)/M.Sc.(Applied Nutrition)/MDS/M.Sc(N)/MPT/Super Specialty/ MD(U)/PDF/M.Sc(M).
- 6) **Passport Size Photographs:**
 - a. One Photograph of wearing with apron should be affixed on the Application Form duly attested by the Principal of the college where the applicant has studied and passed for clear visible of Principal's of Signature and seal of the college.
 - b. One Photograph should be kept in an envelope and is to be enclosed to the Application.
- 7) **Column No.5: Details of fee:**

The amounts of Fee of the concerned courses are kept in University Website separately. The fee should be pay in the form of demand draft/ Online in favour of Registrar, Dr.YSR University of Health Sciences, Vijayawada, A.P payable at Vijayawada on any Scheduled Bank.
- 8) **Column No.7 : Full postal permanent and Correspondence Address:**
This is required by Dr. YSR UHS for clarifications if any.
- 7) **Column No.8 : Tele / Cell Phone No.:**
This is required by Dr. YSR UHS for clarifications if any.
- 8) Filled in application forms should be sent to the
"CONTROLLER OF EXAMINATIONS" Dr. YSR University of Health Sciences,
Vijayawada-520008, Andhra Pradesh, India.

ENCLOSURES:

The following documents are to be enclosed.

1. Attested copies of Under Graduate Degree Certificate and Provisional Certificate of PG Course.
2. Those candidates who want to obtain their Degree Certificates as per the changed Name / changed Surname should submit attested copy of AP Gazette / Proceedings of Dr. YSR University of Health Sciences or any other Educational authority.
3. All enclosures must be securely tagged to the application.
4. Envelope containing the Passport size photograph should be kept at the bottom of all the enclosures.
5. DD / Pay Order prescribed fee on scheduled bank in the name of Registrar Dr. YSR University of Health Sciences, Vijayawada payable at Vijayawada.
6. There is no need to enclose a self-addressed envelope either with stamps or without stamps.

Note: (1) This Application form should not be used obtaining the permanent UG/PG/Degree/Diploma Super Specialty Degree certificates “IN-PERSON” or “IN-ABSENTIA” of NTR UHS Annual Convocation. Separate prescribed Application forms will be supplied to the all the Principals/Directors for this purpose, i.e., Pink colour for obtaining IN-PERSON (by those who can take part in the Convocation ceremony in Vijayawada) and white colour for obtaining IN-ABSENTIA (those who cannot take part in the Convocation ceremony) to put on sale for Rs.25/- or more for each application form to be purchased by eligible candidates as and when the date for the YSR UHS Annual Convocation is finalized and the same is announced through all the leading News Dailies.

(2) The following Two Address slips are to be filled up by the applicant to which his/her permanent Degree Certificate is to be dispatched. The candidates are requested to furnish the clear address in which the certificate to be dispatched by University in the below:

For Office Use:

To

Pin Code:_____ Cell Phone No._____

For Dispatch:

To

Pin Code:_____ Cell Phone No._____

Address and Telephone Numbers of the candidates shall be written in the following space
(two copies)

TO

_____,
_____,
_____,

PIN: _____

Telephone No: _____

Mobile No.: _____

TO

_____,
_____,
_____,

PIN: _____

Telephone No: _____

Mobile No.: _____

20th Annual Convocation

Dr. Y.S.R.UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH
VIJAYAWADA-520008

APPLICATION FOR DEGREE “IN ABSENTIA TO THE 20TH CONVOCATION”

(To be filled up and submitted by those who are applying for issue of Permanent Degrees of Super Speciality / PG Degree / PG Diploma / UG courses of all Systems of Medicine. Please read the instructions before filling up).

1) Full Name of the Candidate :

2) Surname of the Candidate :

3) Name of Father / Mother of the Candidate:

4) a) Permanent Degree / Diploma Certificate Applied for : _____

b) Month & Year of Passing : _____

c) Registered No. (H.T.No. _____)

d) College where Studied and Passed. _____

5) Details of fee paid:

a) Amount : Rs. _____ b) DD/Pay Order No. _____

c) Date. _____ d) Name of the Bank :

e) Place: _____

6) Details of Internship:

a) From: _____ To _____

b) Hospital where Internship was done: _____

Please affix here
your latest
passport size
photograph
duly attested
by the Principal.

FOR THE USE OF Dr. YSR UHS EXAMINATIONS WING

1) TR Page No. _____

2) Sl.No. & Page No. of the Permanent Degree Issue Register (In Absentia) _____

3) Degree Certificate Sl.No. _____

Submitted:

All the details have been verified.

Jr.Asst.

Sr.Asst.

Supdt.

AR

DR

JR

COE

7) Full Postal Permanent and Correspondence address (with PIN Code)

<u>Permanent</u>

<u>Correspondence</u>

8) Telephone / Cell Phone No.

Station :

Date :

(Signature of the Applicant)

FOR THE USE OF PRINCIPAL ONLY

Certified that the details furnished above by Dr./ Mr./ Ms. _____
are verified and found correct. The applicant has no dues to this College. Hence, there is
no objection for issue of Super Specialty Degree / PG Degree / PG Diploma / PhD. / UG
Permanent Degree Certificate to him / her.

Station :

Date :

(Signature of the Principal with office seal)

INSTRUCTIONS / GUIDELINES TO THE APPLICANTS

- 1) USE ONLY CAPITAL LETTERS.
- 2) Application must be routed through the Principal of the College where the candidate has studied the Super Specialty Degree /PG Degree / PG Diploma / PhD./UG Degree Course.
- 3) **Column No.1 & 2: Full Name:**
 - a) It should be written as spelt in the Intermediate or its Equivalent Certificate by those who are applying for UG Degree Certificates.
 - b) It should be written as spelt in the UG Degree Certificate by those who are applying for Super Specialty Degree /PG Degree / PG Diploma / PhD. Certificates.
 - c) In case of those who want to obtain Super Specialty / PG Degree / PG Diploma / Ph.D. Degree / UG Degree Certificates as per the changed Name / changed Surname, the Full Name must be written as spelt in the AP Gazette, OR Proceedings of the Dr. YSR University of Health Sciences OR any other Educational Authority.
- 4) **Passport Size Photographs:**

- a) One Photograph should be affixed on the Application Form duly attested by the Principal of the college where the applicant has studied and passed.
- b) One Photograph should be kept in an envelope and is to be enclosed to the Application.

5) **Column No.4 (a) Permanent Degree Certificate applier for:**

Please specify whether applying for issue of Permanent MBBS/ BDS/ BHMS/ BAMS/ BNYS/ BUMS/ B.Sc. (N) / BPT/ B.Sc. (MLT) Degree Certificate or whether applying for issue of Permanent DM/M.Ch./ Ph.D / MD/ MS/ MDS/ MD (Ay)/ MD (Homoeo)/MD (Unani)/ M.Sc. (Applied Nutrition)/ MPT / M.Sc.(Nursing) / M.Sc (Medical) Degree Certificate. Also, please specify within brackets the concerned speciality of the Faculty, without fail.

6) **Column No.5: Details of fee:**

- a) For obtaining Super Specialty / MD / MS / MDS / MD(Ayur) / MD(Homoeo) / MD(Unani) / PG Diploma / Ph.D, M.Sc (Applied Nutrition) Permanent Degree Certificates, an amount of **Rs.2,500/-** and for M.Sc(N) / M.Sc (Medical) / MPT Degree Certificates an amount of **Rs. 1500/-** by way of D.D. / Pay order is to be enclosed.
- b) For obtaining UG Permanent Degree Certificates, an amount of **Rs.500/-** by way of D.D. / Pay order is to be enclosed.
- c) D.D./ Pay Order is to be obtained from any Nationalised Bank in favour of **THE REGISTRAR, Dr. YSR UNIVERSITY OF HEALTH SCIENCES** payable at Vijayawada

7) **Column No.6: Details of Internship:**

It should be filled up by those who are applying for UG Permanent Degree Certificate only.

8) **Column No.7: Permanent Address:**

This is required by Dr. YSR UHS to contact the person for clarification if any from the applicant before issuing or after issuing the Degree Certificates.

All Correspondence shall be done to this address only.

9) **Column No.8 : Tele Phone / Cell Phone No.**

This is required by Dr. YSR UHS to contact the person for clarifications if any.

- 10) Filled in application forms should be sent to the **“CONTROLLER OF EXAMINATIONS”** Dr. YSR University of Health Sciences, Vijayawada only on or before **08-04-2017** The envelope containing filled in application should be superscribed **“20th CONVOCATION”**

ENCLOSURES:

The following documents are to be enclosed.

7. **Common to all Applicants:**

- a. Those candidates who want to obtain their Degree Certificates as per the changed Name / changed Surname should submit attested copy of AP Gazette / Proceedings of Dr. YSR University of Health Sciences or any other Educational authority.
- b. All enclosures must be securely tagged to the application.
- c. Envelope containing the Passport size photograph should be kept at the bottom of all the enclosures.
- d. DD / Pay Order should be kept on top of the application.
- e. There is no need to enclose a self addressed envelope either with stamps or without stamps.

8. **By those who are applying for issue of Permanent Super Specialty /PG Degree / PG Diploma / Ph.D. Degree Certificates only:-**

- i. Attested copy of Permanent Degree Certificate
- ii. Attested copy of PG Degree Provisional Certificate
- iii. Attested copy of PG Diploma Provisional Certificate
- iv. Attested copy of Super Specialty Provisional Certificate.

9. **By those who are applying for issue of Permanent UG Degree Certificates only:-**

- 1) Attested copy of Intermediate or Equivalent Certificate.
- 2) Attested copy of Internship Certificate issued by the Principal of the concerned Medical College.
- 3) Attested copy of UG Degree Provisional Certificate
- 4) Attested copy of Temporary/Permanent Registration Certificate as proof of having registered themselves with MCI/DCI/INC etc.
- 5) Attested copies of individual Marks Memos of 1st to Final year of UG Degree Exams (only if the Official Transcript is not yet been issued by Dr. YSRUHS)
- 6) Attested copy of G.O. on transfer of candidate from one college to another college during the Internship Period.

Address and Telephone Numbers of the candidates shall be written in the following space
(two copies)

TO	TO
_____	_____
_____	_____
_____	_____
_____	_____
PIN: _____	PIN: _____
Tele No. _____	Tele No. _____
Mobile No. _____	Mobile No. _____