## Dr. NTR UNIVERSITY OF HEALTH SCIENCES VIJAYAWADA-8 APPLICATION FOR THE ISSUE OF BPT TRANSCRIPT OF MARKS (2002-2007)

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	oils of Examinations passed with Marks of Subject	Month & year of Exam	Maximum Marks	Marks Obtained	No. of Attempts
1 <sup>st</sup>	English		150		
Semester	Psychology/Sociology		150		
2 <sup>nd</sup> Semester	Anatomy		200		
	Physiology incl. elements of Biochemistry		200		
3 <sup>rd</sup> Semester	Microbiology/Pathology		100		
	General Medicine Incl. Elements of Pharmacology General surgery/Paediatrics		100		
	Nursing & First Aid		100		
4 <sup>th</sup> Semester	Exercise Therapy		200		
	Massage		100		
	Bio-Mechanics		100		
5 <sup>th</sup> Semester	Electrotherapy (Low& Medium Frequency)		200		
	Electrotherapy(High Frequency)		200		
6 <sup>th</sup> Semester	Community based Rehabilitation		100		
	Clinical Orthopedics		150		
	Physiotherapy For Ortho Conditions		200		
7 <sup>th</sup> Semester	Clinical Neurology		150		
	Physiotherapy in neurology Conditions		200		
8th Semester	Clinical Cardio-Respiratory Conditions		150		
	Physiotherapy for Cardio Respiratory Conditions		200		
	Rehabilitation Medicine including geriatric Conditions		150		
	Project Work		100		

I declare that the above particulars furnish Iniversity reserves the right to take appropriate action	ed by me are correct and I am aware that the when the particulates correct or facts suppressed.					
ddress for communication: (Write Full Address in Two	Boxes with Postal Pin no & Phone No.)					
	SIGNATURE OF THE CANDIDATE					
ENCLOSURES: (All the enclosures must be a	attested by the Principal)					
Attested Copies of all the Marks Memos issued     Copy of Intermediate Cartificate	by the University.					
Copy of Intermediate Certificate.						
Copy of Provisional Certificate.      Copy of Interpship Certificate.						
<ol> <li>Copy of Internship Certificate.</li> <li>Demand Draft for Rs.1500/- (One Thousand Five Hundred Only) in favor of Registrar, Dr. NTR</li> </ol>						
University of Health Sciences payable at Vijayawada drawn on any Nationalized Bank.						
Note:	·					
4. Attacked conice about the Levible						
<ol> <li>Attested copies should be legible</li> <li>Application for Transcript will be processed and</li> </ol>	issued as per serial order					
<ol> <li>Application for Transcript will be processed and issued as per serial order.</li> <li>If the application is not accompanied by the required enclosures specified above the application will</li> </ol>						
not be processed and no further correspondence will be entertained.						
(FOR OFFICE	USE ONLY)					
Verified by:						
- -						
Transcript Typed by:						
Verified by:						