

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

- | | | | |
|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| a. Duplicate Provisional Certificate | <input type="checkbox"/> | d. Genuinity/Credential Verification | <input type="checkbox"/> |
| b. Migration Certificate | <input type="checkbox"/> | e. WES / NDEB Form | <input type="checkbox"/> |
| c. Attestation of the documents | <input type="checkbox"/> | f. Medium of instruction | <input type="checkbox"/> |

| | | | |
|----|--|---------|-------|
| 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: |
| | | Amount: | Bank: |
| 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. YSR UHS, Vijayawada

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