



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, ANDHRA PRADESH,
VIJAYAWADA – 520 008

BDS COURSE

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

1. Name of the Candidate : (As exactly written in Intermediate certificate)

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2. Name of the Father / Mother :

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3. Details of Study :

a. College where studied & Passed :

b. BDS 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 :

Details of Internship :

Date From : to

Name & Place of the Hospital :

NAME & ADDRESS:

Mobile No :	PIN: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
E-Mail ID:							

Please affix here your latest passport size photograph (colour) with wearing of apron

**DO NOT STAPLE
OR PIN THE
PHOTO**

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
First BDS	Anatomy & Histology	200	100			
	Physiology including Bio-Chemistry	200	100			
	Oral & Dental Anatomy, Physiology & Histology	200	100			
Second BDS	General and Dental Pharmacology	200	100			
	General Pathology Parasitology & Microbiology	200	100			
	Dental Materials and Metallurgy	200	100			
	Pre – Clinical Prosthodontics	100	50			
	Pre – Clinical Conservative Dentistry	100	50			
Third BDS	General Medicine	200	100			
	General Surgery	200	100			
	Oral Pathology & Microbiology	200	100			
Final BDS	Prosthodontics including Crown & Bridge	200	100			
	Conservative Dentistry & Endodontics	200	100			
	Orthodontia	200	100			
	Oral Maxillofacial Surgery	200	100			
	Oral Medicine & Radiology	200	100			
	Periodontia	200	100			
	Pedodontia	200	100			
	Public Health Dentistry	200	100			
		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, Dr. YSR 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. Copies of Marks Memos of all Years (including failed memos)
7. If transferred from one College to another college for Internship, NOC issued by Dr.YSR UHS must be enclosed.
8. Don't enclose any other copies which are not asked for

FOR THE USE OF PRINCIPAL, OFFICE ONLY

Certified that the details furnished by Dr. _____ are verified from the relevant records and are found correct. The applicant has no due to this college. Hence, there is no objection for issue of BDS Degree to him / her.

Station : _____

Date : _____

(Signature of the Principal with Office Seal)

FOR THE USE OF DR.YSR UHS EXAMINATION WING

1. T.R.No. : _____ 2. Degree Certificate Sl.No. _____

3. Sl.No. & page No. of the Degree Issue Registrar (IN Advance OF) _____

Submitted :

All the details have been verified D.D. has been removed by the P.R.O Cell. Hence, the permanent Degree Certificate, Official Transcript & Migration Certificate may be issued.

Sr.Asst.

Supdt.

A.R (Exams)

D.R (Exams)