



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA - 520008

APPLICATION FOR (Tick the Required)

- a. Duplicate Provisional Certificate d. Genuinity /Credential Verification
- b. Migration Certificate e. WES / NDEB Form
- c. Attestation of the documents f. Medium of instruction

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 favour of Registrar, Dr. YSR UHS, Vijayawada

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"/>
FOR THE USE BY PRO CELL OF Dr. YSR UHS, VIJAYAWADA.	ADDRESS FOR COMMUNICATION

