



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FOR **DUPLICATE MARKS MEMO**

APPLIED FOR _____ COURSE

1.	Name of the Candidate (as per Intermediate Certificate)		
2.	Name of the course		
3.	Hall Ticket/Register Number		
5.	Name of the College		
6.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:
7.	Address for communication With Mail ID and Phone No.		

Details of Duplicate Marks Memos required:

Sl.No	Year of course (First year/Second year...Final year.etc)	Month & Year of Examination	Regular / Supplementary	Whether Passed or Failed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

SIGNATURE OF THE CANDIDATE

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