



Dr. YSR UNIVERSITY OF HEALTH SCIENCES, VIJAYAWADA – 520008

APPLICATION FORM FOR **MBBS OFFICIAL TRANSCRIPT OF MARKS**

1.	Name of the Candidate (as per Intermediate Certificate)		
2.	Date of Admission into MBBS course		
3.	Hall Ticket/Register Number		
4.	College in which studied		
5.	Date of completion of Internship		
6.	Month and Year of Passing		
7.	Division Awarded in Provisional Certificate		
8.	Details of fee paid	D.D.No.	Date:
		Amount:	Bank:

DETAILS OF MARKS

COURSE	SUBJECT	MAX MARKS	PASSING MARKS	MARKS AWARDED	NO. OF ATTEMPTS
First MBBS	Bio – Chemistry	200	100		
	Anatomy	200	100		
	Physiology	200	100		
Second MBBS	Pharmacology	150	75		
	Microbiology	150	75		
	Pathology	150	75		
	Forensic medicine	100	50		
Final MBBS Part – I	Oto-Rhino-Laryngology (ENT)	100	50		
	Ophthalmology	100	50		
	Community Medicine (SPM)	200	100		
Final MBBS Part – II	Medicine	300	150		
	Surgery	300	150		
	Obstetrics & Gynaecology	200	100		
	Paediatrics	100	50		

SIGNATURE OF THE CANDIDATE

<u>FOR THE USE BY PRO CELL OF Dr. YSR UHS, VIJAYAWADA.</u>	<u>ADDRESS FOR COMMUNICATION WITH MAIL ID AND PH NO.</u>
---	---

Documents to be enclosed (Xerox Copies):

1. Intermediate Certificate.
2. Copy of proceedings issued by Dr. YSR UHS in case of change in Name/Surname.
3. All years Marks Memos (Including failed memos, Absent / Not Registered / Detained Memos)
4. Provisional Certificate / Original degree.
5. Internship Certificate.
6. Permission letter in case of Internship transfer.
7. All the documents must be enclosed in the above order only.

@ @ @ @ @