

NTR UNIVERSITY OF HEALTH SCIENCES:VJAYAWADA-8
APPLICATION FORM FOR ISSUE OF MIGRATION CERTIFICATE.

MIGRATION APPLIED FOR _____ COURSE

NAME OF THE COLLEGE _____

1. Name of the Candidate :
 (as per intermediate)

2. course completed by

a) Month & Year of passing of
 Final Examination :

b) Hall-ticket No. :

3. Details of Fee paid : Challan/DD.No:

Amount:

Date : Bank:

4. Address for Communication:
 (with Phone Number)

Signature of the Candidate

Enclose the following Xerox Certificates:

1. Intermediate
2. provisional certificate of M.B.B.S/BHMS/BUMS/BDS
3. Internship Certificate
4. Self Addressed Envelope Cover with superscribed your Hall-Ticket No. at the left Corner.