

APPLICATION FOR ISSUE OF DUPLICATE MARKS MEMO

1. NAME OF THE CANDIDATE :

2. REGISTERED NUMBER :

3. NAME OF THE COLLEGE WITH ADDRESS :

**Alluri Sitarama Raju Academy of Medical Sciences,
Eluru – 534 005,
West Godavari District**

4.

	Name of the Examination	Month & Year of Passing Exam
i.		
ii.		
iii.		
iv.		

5. PARTICULARS OF FEE PAID :

A) AMOUNT - Rs.

B) DD No.

C) DATED :

D) NAME OF THE BANK AND BRANCH :

7. PURPOSE OF APPLYING :

8. ADDRESS :

**Alluri Sitarama Raju Academy of Medical Sciences,
Eluru – 534 005,
West Godavari District**

Signature of the Candidate

Forwarded By

PRINCIPAL