



KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
: WARANGAL - 506 007 - TELANGANA STATE

APPLICATION FORM FOR OBTAINING ORIGINAL DEGREE CERTIFICATE FOR UG/PG COURSES

Course: _____ Applied For: Ordinary / Earlier

IN ADVANCE

No format other than this shall be used. Please read the instructions given in pages 3 & 4 before filling up. This application form may be down loaded by candidates through KNR UHS Website No: <http://knruhs.telangana.gov.in/>

APPLICATION FOR ISSUE OF PERMANENT DEGREE CERTIFICATE FOR UG/ PG COURSES IN ADVANCE

(This is the prescribed application form for obtaining permanent degree certificate IN ADVANCE, to be filled up and to be submitted to this university through the concerned principal, by all those candidates who have passed their PG Degree/ PG Diploma / Super Specialty Degree Examinations between the last and forthcoming annual convocation only)

01) Full Name of the Candidate : _____

02) Surname of the Candidate: _____

03) Name of the Father / Mother of the Candidate: _____

04) a) Permanent Degree / Diploma Certificate Applied for : _____

b) Month & Year of Passing: _____

c) Registered No. (H.T.No. _____)

d) College where Studied and passed _____

05) Details of Fee paid :

a) Amount: Rs. _____ b) DD / Pay Order No. _____

c) Date : _____ d) Name of the Bank : _____

e) Place : _____

Please affix here your latest passport size photograph with wearing of Apron duly attested by the Principal

FOR THE USE OF KNR UHS EXAMINATIONS WING

1) T R Page No. _____

2) Degree Certificate Sl.No. _____

3) Sl.No. & Page No. of the Degree Issue Register (IN ADVANCE of) _____

Submitted :

All the details have been verified. Demand Draft has been sent to the Finance Wing. Hence, the Permanent Degree Certificate may be Issued - (IN ADVANCE).

Jr.Asst.

Sr.Asst.

Supdt.

A.R

D.R

C.O.E

06) Details of Registration done with the state MCI/DCI/NCI : _____

a) Registration No: _____ Temporary / Permanent: _____

b) Date of Registration: _____ c) Place of Registration: _____

07) Full Postal Address for Communication and Dispatch of Certificate. (With PIN Code)

08) Telephone / Cell Phone No :

Email ID :

Place :

Date :



(Signature of the Applicant)

FOR THE USE OF PRINCIPAL ONLY

Certified that the details furnished above by Dr. _____
are verified and found correct. The Applicant has no dues to this College. Hence, there is no
objection for issue of Super Specialty Degree / PG Degree / PG Diploma / Ph.D. / UG Permanent
Degree Certificate to him / her.

Place :

Date :

(Signature of the Principal with office seal)

INSTRUCTIONS / GUIDELINES TO THE APPLICANTS

1) USE ONLY CAPITAL LETTERS.

2) All Applications must be routed through the Principal of the College where applicant has studied and passed the PG Degree / PG Diploma / Super Specialty Degree Examination.

3) Column No.1 & 2 of the application Form: Full Name & Surname of the Candidate:

a) It should be written strictly as spelt in the UG Degree Certificate (by those who are applying for PG Degree / PG Diploma / Super Specialty Degree Permanent Certificates Only).

b) In case of those who want to obtain the PG Degree/PG Diploma/Super Specialty Degree Certificates as per the changed name/changed Surname, the Full changed Name must be written **as spelt in the TS Gazette/Proceedings of the KNR University of Health Sciences/Proceedings of the Director of Medical Education, Telangana /Proceedings of the Director of Health, Telangana and the copy of letters should be enclosed.**

4) **Column No.3 of the application Form: Name of the Father / Mother:** It should be filled up only by those who are applying for issue of the Permanent Degree certificate only (*IN ADVANCE*)

5) Column No. 4

(a) of the application form : Permanent degree Certificate Applied For: (*IN ADVANCE*)

Please specify whether apply for issue of MD/MS Degree/Diploma / MD(AYU) / MD(H) / M.Sc.(Applied Nutrition) / MDS / M.Sc(N) / MPT / Super Specialty / MD(U) / PDF / M.Sc(M).

6) Passport Size Photographs:

a) One Photograph of wearing with apron should be affixed on the Application Form duly attested by the Principal of the college where the applicant has studied and passed for clear visible of Principal's of Signature and seal of the college.

7) Column No.5: Details of fee:

The amounts of Fee of the concerned courses are kept in University Website separately. The fee should be pay in the form of demand draft in favor of "The Registrar, KNR University of Health Sciences, Warangal" payable at Warangal on any Scheduled Bank.

8) Column No.7 : Full postal permanent and Correspondence Address:

This is required by KNR UHS for clarifications if any.

9) Column No.8 :Tele / Cell Phone No:

This is required by KNR UHS for clarifications if any.

10) Filled in application forms should be sent to the "**CONTROLLER OF EXAMINATIONS**" KNR University of Health Sciences, Warangal – 506 007, Telangana , India.

ENCLOSURES:

The following documents are to be enclosed.

1. *Attested copies of Provisional Certificate of PG Course.*
2. *Those candidates who want to obtain their Degree Certificates as per the changed Name / changed Surname should submit attested copy of T.S Gazette / Proceedings of KNR University of Health Sciences, Warangal.*
3. *All enclosures must be securely tagged to the application.*
4. *Demand Draft for prescribed fee Should be drawn from any scheduled bank in the name of Registrar, KNR University of Health Sciences, Warangal payable at Warangal.*
5. *There is no need to enclose a self-addressed envelope either with stamps or without stamps.*

Note:

1. This Application form should not be used obtaining the permanent UG/PG/Degree/Diploma/Super Specialty Degree certificates "IN-PERSON" or "IN-ABSENTIA" of KNR UHS Annual Convocation.
2. The following Two Address slips are to be filled up by the applicant to which his/her permanent Degree Certificate is to be dispatched. The candidates are requested to furnish the clear address in which the certificate to the dispatched by University in the below:

Address For Communication:

To

Pin Code: _____ Cell Phone No. _____

Address For Dispatch of Certificate:

To

Pin Code: _____ Cell PhoneNo. _____

