

NAME OF THE COLLEGE

(On college letter Head)

Dt:.....

To
The Controller of Examinations,
Dr. NTR UHS,
Vijayawada.

Sir,

Sub: Issue of MBBS / BDS Original Degree Certificate – Req. – Reg.

& & & &

I request you to issue the MBBS / BDS Original Degree Certificate personally to

..... whose details are as follows:

Name :

College :

Name of the Course :

Year of Passing :

Reasons for need of
Original Degree personally
by the candidate :

Evidences enclosed :

Thanking You,

Yours faithfully

(Signature of the Principal
with college stamp)