



*Ordinary:-Rs.500/-*

*Tatkal:-Rs.1000/-*

**Dr. NTR UNIVERSITY OF HEALTH SCIENCES: VIJAYAWADA – 520 008**

**APPLICATION FORM FOR ISSUE OF MIGRATION CERTIFICATE**  
**BPT/ B.Sc., (MLT)/ B.Sc., (NURSING)/ POST BASIC B.Sc., (NURSING)**

Migration applied for the course of: \_\_\_\_\_

College studied: \_\_\_\_\_

1. Name of the Candidate: \_\_\_\_\_  
(As per the intermediate Certificate in Block Letters)
2. Course completed by:
  - a) Month & Year of Passing: \_\_\_\_\_
  - b) Hall Ticket No: \_\_\_\_\_
3. Details of Fee Paid:
  - a) Amount: Rs. \_\_\_\_\_/- b) Demand Draft No. \_\_\_\_\_ c) Date: \_\_\_\_\_
  - d) Name of the Bank & Branch: \_\_\_\_\_

Signature of the Candidate

**Enclosures:**

1. Copy of Intermediate or its Equivalent Certificate.
2. Copy of Provisional Certificate of BPT/ MLT/ Nursing/ Post Basic B.Sc., (N).
3. Copy of Original Degree Certificate.

<b><u>FOR USE BY PRO CELL OF</u></b> <b><u>DR. NTR UHS, VIJAYAWADA</u></b>	<b><u>ADDRESS FOR COMMUNICATION</u></b>
---	---