



Form No.:

PRAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED UNIVERSITY)

Loni 413 736, Maharashtra State, India.

Phone: +91-2422-273600, 273486

Fax: +91-2422-273442

Application for Degree / Diploma Certificate

(Please read important instructions given at the end before filling this form)
(Please fill the form in capital letters)

**Affix Duly
Signed across &
Attested
Photograph of
Size 35x35 mm**

To,
The Registrar,
Pravara Institute of Medical Sciences
(Deemed University)
Loni 413 736, Maharashtra State

Expected Enclosures:

- (i) Attested Photocopy of statement of Marks.
- (ii) Demand Draft of fee of Rs. **6,000/-** [Six Thousand Rs. only]
- (iii) One additional copy of photograph.
- (iv) Attested photocopy of Internship Completion Certificate issued by University.
- (v) Attested copy of Twelfth Class Passing Certificate.

Sir,
I hereby apply for Degree / Diploma certificate of the University at the ensuing convocation to be held in _____ (month) _____ (year).

PERSONAL DETAILS

1. Applicant's Full Name in English (As desired by the candidate. If it is different from that in the result sheet, submit documentary evidence) (One block should be kept blank after each name)

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□

2. Name in Devnagari Script _____

3. Sex M - Male
F -Female

4. Date of Birth :

D	D	M	M	Y	Y	Y	Y
□	□	□	□	□	□	□	□

5. Address for Correspondence : _____

Mobile No.:-

□	□	□	□	□	□	□	□	□	□
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PIN Code: -

□	□	□	□	□	□
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Phone No.: _____ Email Address : _____

ACADEMIC AND OTHER DETAILS

6. Name of College / Institute _____
7. Examination Passed _____ Month & Year _____ Seat No. _____
8. Faculty _____
9. University Permanent Registration No. _____
10. Class or Grade Obtained _____

11. Convocation Attendance Status	P - In Person A - In Absentia
12. Convocation Fee Status	P - Paid N - Not Paid (in case not paid enclose D.D. as per details below)

FEE DETAILS

Amount of fee Rs. /- remitted by Demand Draft No. _____
dated _____ drawn on _____

_____ Bank at Loni.

DECLARATION BY THE CANDIDATE

I have carefully read & noted the instructions to the candidates before filling this form.

I declare that the information given above is true and correct to the best of my knowledge and belief. I undertake that I shall be responsible for any omission / errors and wrong / incomplete entries made by me in this form.

Place _____ Date _____ Signature of Candidate

INSTRUCTIONS TO THE CANDIDATE

1. Convocation fees: **Rs. 6,000/-** for Degree / Diploma Certificate.
2. The prescribed convocation fee should be paid only by Demand Draft in favour of "Registrar, Pravara Institute of Medical Sciences (Deemed University) Loni 413736, Maharashtra State, India", Drawn on S.B.I. / Central Bank of India payable at Loni. Convocation fee sent in any mode other than demand draft will not be accepted. However, it may be paid in cash and cash receipt be attached.
3. Incomplete form and form without **attested photocopy of statements** of marks of final year, will **not be accepted.**
4. The **acknowledgement of this form** should be preserved **carefully** and **produced at the time** of **collection of the degree / diploma certificate** on the **day of the convocation**, or as and when the same is collected.
5. Any **complaint** regarding non-receipt of degree / diploma, **issue or receipt** of wrong degree / diploma (viz. name, college, class, subject, year of passing, etc.) **will be entertained within a period of three months from the date of the concerned convocation. No complaints will be entertained after the specified period.**
6. A passport size photograph, **duly attested**, should be **pasted on the form at the space provided for it. One additional copy of the photograph should also be enclosed.** Write the exam year of passing, **seat no. and Permanent Registration Number on the reverse side of additional photograph.**
7. Please check the details of convocation programme on website < www.pravara.com > that will be notified **one month in advance** from the **date of convocation programme.**

