

Pravara Institute of Medical Sciences (Deemed University)

University Established under section (3) of UGC Act
NAAC Accredited with 'B' Grade (CGPA 2.57)

LONI - 413736,(Near Shirdi) Tal.Rahata,
Dist.Ahmednagar (Maharashtra) India

Phone : +91-2422-273600
Fax : +91-2422-273442
E-mail : contact@pmpims.org
Homepage : http://www.pravara.com



- RURAL MEDICAL COLLEGE
- RURAL DENTAL COLLEGE
- DR. APJ ABDUL KALAM COLLEGE OF PHYSIOTHERAPY
- COLLEGE OF NURSING
- CENTER FOR BIO-TECHNOLOGY
- CENTER FOR SOCIAL MEDICINE
- PRAVARA RURAL HOSPITAL

Ref. No.

Date :

CIRCULAR NO - 28 / 2016

Subject: - Eleventh Convocation

Applications are invited from eligible candidates who have successfully undergone prescribed course of studies and passed the final year Degree / Diploma Examinations of the Pravara Institute of Medical Sciences (Deemed University) Loni. Tal- Rahata, Dist Ahmednagar, for award of respective Degree/Diploma in the prescribed form.

The application forms are available in the constituent colleges at Loni and form can also be downloaded from University Website www.pravara.com. The application form along with prescribed fee of Rs. 6000/- (Rs. Six thousand only) paid by Demand Draft drawn on Central Bank of India (P.M.T. Branch Loni Code – 3278) or State Bank of India (Code- 6322) Loni Branch in favour of Registrar, Pravara Institute of Medical Sciences will be accepted up to **31st January 2017**.

The Payment can also be made by RTGS as follows

RTGS No.- CBIN0283278

Bank- Central Bank of India, PMT Loni branch,

Name of A/C- Pravara Institute of Medical Sciences, Loni

Account No. 1680936922,

The duly completed application should be sent to The Controller of Examinations, Pravara Institute of Medical Sciences (DU) A/P- Loni- 413736, Tal- Rahata, Dist- Ahmednagar, alongwith UTR No.

The convocation ceremony will be held in the month of **February 2017**, the date of convocation & the details of ceremony for conferring Degree / Diploma will be notified separately. For detailed programme of convocation see our website.

(Dr. A. N. Badwe)

**Registrar
Registrar**

**Pravara Institute of
Medical Sciences
Loni-413 736, India**

Ref.: - PIMS/COE/CONVO/2016/996

Date: - 06/ 08 / 2016

Copy for information & necessary action

To,

The Dean / Principal / Director,

Rural Medical College, Loni

Rural Dental College, Loni

Dr. A. P. J. Abdul Kalam College of Physiotherapy, Loni

College of Nursing, Loni

Center for Biotechnology, Loni

Center for Social Medicine, Loni

The Accounts & Finance Manager, PIMS, Loni

The Manager I.T. – for display on website





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. 5,000/-
- (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)

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2. Name in Devnagari Script _____

3. Sex M - Male
F - Female

4. Date of Birth :

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5. Address for Correspondence : _____

Mobile No.:-

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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.**

For Office Use Only

The applicant's name, academic and other details of the applicant as stated in this application have been checked with the office record and have been found correct / incorrect. Acknowledgement / observation letter issued vide letter No. _____ dt. _____ .

*Name & Signature
of faculty Incharge
Name of Faculty –*

SL. NO.

STATUS

ACKNOWLEDGEMENT SLIP

Convocation Application in respect of _____ (Name)
P.R. Number _____ Course _____ has been
duly received and found correct in all respects. Degree will be issued in person on production of this
receipt.

*Name & Signature
of faculty Incharge
Name of Faculty –*

Name & Address of the Candidate

(to be filled in by the candidate)

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Pin Code