



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा

Uttar Pradesh University of Medical Sciences,

Saifai, Etawah- 206130 (www.upums.ac.in)

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APPLICATION FOR PROVISIONAL CERTIFICATE

(समस्त विवरण अंग्रेजी के कैपिटल लेटर्स में लिखा जाये)

Name	
Fathers Name	
Gender (Male/Female)	
Enrollment No.	
Roll No.	
Examination	(Month.....Year.....)
Course	
Mobile No.	
Email ID.	
Postal Address:-	

Note: The Student should fulfill the following criteria.

1. Fee Receipt of Rs. 300/- (Three Hundred Only)
2. Photocopy of mark sheet of all the semester/year.

Signature of Candidate

Signature of HOD

Signature of Dean (Faculty of)