

KANNUR UNIVERSITY

APPLICATION FOR MBBS PROVISIONAL DEGREE CERTIFICATE

NAME OF CANDIDATE : _____
(Block letters & as in qualifying certificate)

CENTRE OF EXAMINATION : _____

COURSE : _____

DETAILS OF EXAMINATION PASSED

EXAM.	REG. NO.	MONTH & YEAR	CLASS OBTAINED
I-MBBS			
II-MBBS PART-I			
PART-II			
III-MBBS PART-I			
PART-II			

HOUSE SURGENCY PERIOD : 12 MONTHS

FROM: TO:

COLLEGE:

DETAILS OF FEE REMITTED : Amount Rs. Chalan No:

Date:

Head of account : 8658-00-102-96 (27) Kannur University Suspense. (Treasury)

202-03 (SBT Branches)

NAME OF BANK :

ADDRESS

(To which Certificate to be sent)

I hereby declare that the details furnished overleaf by me are correct to the best of my knowledge and belief.

Date:

Place:

Signature: