

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

(A University established by an act of A.P. State Legislature)

Dr. K.Uma Maheswara Rao
M.D. (Pharmacology)
Controller of Examinations



O/o the Controller of Examinations
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Roc.No.SVIMS/CE/48/CC/2008

Date: 12.02.2020


10th CONVOCATION-2020
REVISED NOTIFICATION FOR MBBS STUDENTS (INTERNS)

The 10th convocation of SVIMS scheduled to be held in the last week of February, 2020. The MBBS candidates of SVIMS, SPMCW who have passed all the subjects in 2019, continuing the internship and eligible to receive the degree are hereby informed to send the filled in applications in the prescribed form to the controller of Examinations of SVIMS on or before 18.02.2020 (Monday) 5.00 p.m.

The prescribed application form can be downloaded from the University web site (<http://svimstpt.ap.nic.in>) under "Academics" – "Exam cell". The details of fee payment are furnished below;

- | | |
|--|------------|
| 1. Original Degree Certificate | -Rs.3000/- |
| 2. Consolidated Marks Memo (Official Transcript) | -Rs.2000/- |
| 3. Migration Certificate | -Rs.1220/- |

The filled in application form along with SBI, SVIMS Branch Challan for a total amount of Rs.6220/- (Original Degree + Consolidated Marks Memo + Migration Certificate) and other enclosures to be submitted through Principal, SVIMS-SPMCW to the office of the Controller of the Examinations, SVIMS.


CONTROLLER OF EXAMINATIONS



SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
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10th CONVOCATION – FEBRUARY, 2020

MBBS COURSE

APPLICATION FOR PERMANENT DEGREE CERTIFICATE,
CONSOLIDATED MARKS MEMO (OFFICIAL TRANSCRIPT) & MIGRATION CERTIFICATE

NOTE: The name spelling, as written in the Provisional Pass Certificate shall be followed in the Degree certificate. Request for change of spelling will not be entertained unless specific reasons along with proof are submitted. Those who have not taken the Provisional Pass Certificate are not entitled to receive the Permanent Degree Certificate, unless they fulfill all the formalities.

1. Name of the student :
(Please write in block letters)
2. Father's name :
(Please write in block letters)
3. Course Studied :
4. Period of Study :
5. Month and year of passing :
6. Reg. Number :
7. Complete Permanent address :
(Please indicate pin code compulsorily)
8. Phone numbers : Landline :
(Indicate STD code)
Mobile No.:
E.mail ID:
9. Fee payment particulars : SBI, SVIMS Branch Challan :
 1. OD + Consolidated Marks Memo fee Challan No. & Date _____ Amount:Rs. _____
 2. Migration Certificate fee Challan No. & Date _____ Amount:Rs. _____
10. National Academic Depository (NAD) ID No.:

Signature of the Candidate

Enclosures: 1) Original Bank Challan for prescribed fee
2) Copy of the Provisional Degree Certificate
3) Copy of the Internship Certificate
4) Copy of the Temporary Registration Certificate
5) Copies of marks memos of all years including failed marks memos
6) Copy of the AHA certified BLS provider course certificate
7) One latest passport size photo- to enclose in a separate cover
(to write name, registration no. & Course name on the back side of the photograph)
8) No dues certificate issued by the Principal, SVIMS-SPMCW (format attached)
8) Copy of the Aadhaar card

*** The Degree shall be awarded to those candidates, who have fulfilled all the above requirements.**

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**SVIMS, SRI PADMAVATHI MEDICAL COLLEGE FOR WOMEN
FOR THE USE OF PRINCIPAL, OFFICE ONLY**

Certified that the details furnished by Dr. _____ are verified from the relevant records and are found correct. The applicant has no due to this college. Hence, there is no objection for of MBBS Degree to him/her.

Station:_____

Date :_____

(Signature of the Principal with Office seal)