

**NAME & FULL ADDRESS WITH PHONE/FAX NO.
(WITH ISD/STD CODE)
WEBSITE, E-MAIL ADDRESS
ON COLLEGE/INSTITUTE'S PRINTED LETTER HEAD**

(AFFILIATED TO MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK, MAHARASHTRA – INDIA)

Transcript Certificate

Paste Latest
passport size
photograph &
attested by
Dean/Principal

Transcript for 3 years PG Medical Degree in

This is to certify that was a bonafide student of the Medical Degree in course of Maharashtra University of Health Sciences studying in, which is an affiliated institute of Maharashtra University of Health Sciences.

He/She was registered as a post graduate student in Maharashtra University of Health Sciences in the academic year and his/her academic term began on He/She completed his/her academic term on The duration of the course is three years.

PG Medical Degree in

Components of the Post Graduate Course :-

Thesis Skills :-

His/Her title of Dissertation is
....., accepted and evaluated by one internal and two external examiners and found adequate in prescribed manner.

There are four theory papers each of 100 marks and practical examination including viva-voce of 400 marks:-

Paper	Subject	Marks Obtained	Total Marks
Paper I			100
Paper II			100
Paper III			100
Paper IV			100
Theory Total Marks			400
Practical & Oral Examination	Clinical Viva-Voce		400
Total Marks			800

After completing the said course, he/she appeared for the examination of PG Medical Degree inheld by Maharashtra University of Health Sciences in and passed the said examination in.....attempt and securedmarks out of 800 marks.

The medium of instruction for the course is English.

College Seal

Signature of Dean/Principal

.....

FOR UNIVERSITY USE ONLY

It is certified that the details / data in respect of the above student has been verified from the University records and found to be correct.

Seal of University

Controller of Examinations