

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

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

**Transcript Certificate**

**Transcript for 2 years PG Medical Diploma in .....**

Paste Latest  
passport size  
photograph &  
attested by  
Dean/Principal

This is to certify that ..... was a bonafide student of the Medical Diploma 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 medical diploma 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 two years.

**PG Medical Diploma in .....**

There are three theory papers each of 100 marks and practical examination including viva-voce of 300 marks:-

<b>Paper</b>	<b>Subject</b>	<b>Marks Obtained</b>	<b>Total Marks</b>
<b>Paper I</b>			100
<b>Paper II</b>			100
<b>Paper III</b>			100
<b>Theory Total Marks</b>			300
Practical & Oral Examination	Clinical Viva-Voce		300
<b>Total Marks</b>			600

After completing the said course, he/she appeared for the examination of PG Medical Diploma in ..... held by Maharashtra University of Health Sciences in ..... and passed the said examination in..... attempt and secured .....marks out of 600 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**