

**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)

Paste Latest  
passport size  
photograph &  
attested by  
Dean/Principal

**TRANSCRIPT CERTIFICATE**

**Transcript for 3 years Superspeciality Medical Degree in D.M. / M.Ch.....**

This is to certify that ..... was a bonafide student of the ....., 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 for Superspeciality Degree D.M. / M.Ch. in the subject of ..... in the academic year ..... . His/Her academic term began on ..... He/She completed his/her academic term on ..... The duration of the course is three years.

**Superspeciality Medical Degree in D.M. / M.Ch. - .....**

Components of the Post Graduate Course :-

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
<b>Theory Total Marks</b>			400
Practical & Oral Examination	Clinical Viva-Voce		400
<b>Total Marks</b>			800

After completing the said course, he/she appeared for the examination of Superspeciality Degree D.M./M.Ch. in ..... held by Maharashtra University of Health Sciences in ..... and passed the said examination in.....attempt and secured .....marks out of 800 marks.

The medium of instruction for the course is English.

College Seal

Signature of Dean/Principal

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**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