

KING GEORGE'S MEDICAL UNIVERSITY

APPLICATION FOR ISSUE OF PROVISIONAL CERTIFICATE

To,

The Dean-Academics,
King George's Medical University
Lucknow

Subject: Application for Issue of Provisional Certificate

Sir/Madam,

I respectfully submit that I have successfully completed my _____ (Course Name) from this University and request you to kindly issue my Provisional Certificate.

My details are as under:

1. Name (in Block Letters): _____
2. Father's Name: _____
3. Mother's Name: _____
4. Course: _____
5. Department (For PG Students Only): _____
6. Enrolment No.: _____
7. Roll No.: _____
8. Date of Joining: _____
9. Date of Passing: _____
10. Date of Completion of Internship (For MBBS/BDS Students only): _____
11. Mobile No.: _____
12. Email ID: _____

Payment Details:

- Transaction ID: _____
- Date of Payment: _____
- Amount Paid: Rs. 200/-

I have attached the required documents and prescribed fee.

Kindly issue the certificate at the earliest.

Date: _____

Place: _____

Signature of Applicant

Name: _____

Enclosures:

- Copy of Final Year Marksheet
- Internship Completion Certificate (For MBBS/BDS Students only)
- No Dues Certificate
- Fee Receipt