

THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Salt Lake, Sector-1, Kolkata, W.B, PIN-700064

Website: http://www.wbuhs.ac.in; EPBX: (033)2321-3461, (033)2334-6602; Fax: (033)2358-0100

	Applicatio	M FORM FOR ACADE	MIC TRANSCRIPT								
01.	NAME										
	(in BLOCK letters as written in your registration										
02.	certificate of the University) Communication address with										
02.											
	Pin code (where acknowledgment/other										
	communication may be sent)										
03.	3. Phone No./Mobile No. E-mail:-										
	Thome wor, Proble wor		L man								
04.	Registration No. of WBUHS (as			Year							
	printed in your registration certificate issued by										
	WBUHS)										
05.	Details of first admission to a College affiliated to this University										
	Name of the College										
	Date of first admission										
06.	06. Details of Examination(s) passed under WBUHS										
	Examination(as printed on mark-sheet)	Roll No.	Year of passing	Result(as per mark-sheet)							
07											
07.	Reason for applying transcript										
08.	Furnish the Address of University	v Fmail Fax No Web	site where the certif	ficate(s) is/ ar	e to he						
	sent (include separate sheets if required)	y, Linuii, Lux 110, 11 Cb.	site where the terth	ileate (3) 13/ ar	c to be						
University/ Institute/ College Address E-mail, Phone No., Fax No., Website etc.											
	Offiversity/ institute/ Coffege	Audress	E-man, Phot	ie no., rax no., w	ebsite etc.						
09.	No. of total copies of certificate ro	aguired									
10.	Payment details:- Particulars of enclose										
10.	N.B: While submitting the Draft to the University Ful		should he written on the reverse	side of the draft							
	Name of the Bank	Branch	DD No.	Date	Amount						
	- amo or ano bann	2.411011	22 1101	2410	- Innount						
1.	All entries are to be made strictly according to	WBUHS documents like Regist	ration Certificate/ Mark-she	et.	ı						
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- 2. The application is to be forwarded by the Head of the Institution last attended.
- One(1) set of self-attested copy of all Mark-Sheet(s) including failed Mark-Sheet(s), where it is applicable and University Registration
 Certificate and pass certificate and Internship Certificate (where it is applicable) are to be enclosed along with this form at the time of
 submission.
- 4. Fee: **Rs.2,000/- (Rupees two thousand)** only per copy by means of Demand Draft in favour of 'The West Bengal University of Health Sciences' payable at Kolkata.
- 5. Two computer typed address of the Institution in plain paper to which the transcripts is to be sent, duly signed by the candidate at the bottom is required.
- 6. All the above columns should be filed in block letters.

Signature of	'Head	of the	Institute'	with	official	seal

Date:

Full signature of the candidate

Enclosures:

Date:

- a) Bank Draft
- b) Attested photo copy of Registration Certificate
- c) Attested photo copy of all mark-sheets including failed mark-sheets arranged in chronological order & Pass Certificate
- d) Letter of authorization if a messenger is to get the Transcript on behalf of the applicant