

D.Y. PATIL EDUCATION SOCIETY, KOLHAPUR

Deemed to be UniversityConvocation Form

For Office Use:	Received on:	Convocation fee is already received as per Rt. No.:	Date: /	/20
To, The Controller of D. Y. Patil Educat Deemed to be Uni Kolhapur – 4160	ion Society, versity			I-card Photo with student's signatue
Sir, Aadhaar No.:- (optional) I hereby submit following information for obtaining My Degree of MBBS B.Sc. Nursing BPTh Other Course M. D. PB. B.Sc. N B.Sc.(HS) M.Sc. N DMLT (Mention Name of the Degree)				
1. Nan	ne of the student (As per Mark List)			
2. Fath	ner's Name			
3. Mot	ther's Name			
4. Gen	ider	Male Female	:	
5. Peri	nanent Address			
6. Pho	ne No./Mobile No			
7. E-mail				
8. PRN				
9. Final Year Exam Seat No.				
	nth & Year of Result			
DECLARATION I declare that the information submitted by me is true to the best of my knowledge and belief. I am also aware that the information submitted by me shall be verified with the current records available with the University and on verification, the respective Degree/Diploma shall be conferred on me.				
Place:				
Date:				
Signature of Student				
N.B.: Submit the form directly to the Controller of Examinations, D. Y. Patil Education Society Deemed to be University, Kolhapur.				
Following documents are enclosed 1. Attested copy of the final year mark list. 2. Attested copy of the Internship Completion Certificate.				