



MANIPAL

ACADEMY of HIGHER EDUCATION

(Deemed to be University under Section 3 of the UGC Act, 1956)

DUPLICATE :

Application for issue of DEGREE CERTIFICATE

(fill the details which are applicable)

Reg. No.:																			
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NAME (in Capital letters)																			
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Institution Name																			
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Course name																			
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Branch/ Specialization													Month & Year of passing					
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Date of Completion of internship: (enclose copy of the certificate, Applicable for MBBS, BDS & Allied Health Science courses)																			
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Tel/Mobile No.:													e-Mail:					
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Mode of delivery:	in Person <input type="checkbox"/>										By Speed Post <input type="checkbox"/>								
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Address to which the certificate is to be sent (in Capital letters)																												
													Pin Code:															

Details of fees paid

DD/Challan/ Receipt No. and date	Bank Name	Amount (₹)

I hereby solemnly declare and promise that if admitted to the degree/diploma for which I have been recommended, I shall conduct myself as befits a graduate/postgraduate of Manipal Academy of Higher Education and that I shall with sincerity support the cause of morality and sound learning and that I shall uphold and advance the social order and the well-being of my fellowmen. Further, I shall faithfully adhere to the ethics of the profession to which I am admitted by virtue of my degree and I shall maintain its purity and reputation without making my knowledge subservient to unworthy ends.

Place:	Signature of the Candidate
Date:	

For official Use Verified and Recommended	
<ul style="list-style-type: none">▪ It is certified that the candidate has cleared all dues.▪ Latest Photograph of the candidate is uploaded to SIS portal.	

Verifier Name:	Signature & Stamp of the Head of the Institution
Signature:	