BABA FARID UNIVERSITY OF HEALTH SCIENCES

APPLICATION FORM FOR OBTAINING PROVISIONAL CERTIFICATE

(FEE FOR OBTAINING PROVISIONAL CERTIFICATE: Rs.1000/-+Rs.50=1050/-

1.	Name of the Student:
2.	Father's Name:
3.	Registration No:
4.	College Name:
5.	Examination:
6.	University Roll No:
7.	Session/Year:
8.	Purpose of Provisional Certificate:
	(Documentary Proof must be enclosed)
9.	Bank draft/University Receipt noDate: Amount (Bank Draft should be drawn in favor of Registrar, BFUHS, payable at Faridkot)
10.	Address of the Student:
13.	Contact No. /Mobile No
14.	E-mail address (if any)
Date	d:
Reco	(Full Signatures of the Student) mmendation of the Principal of the College:-
It is d	certified that the aforesaid applicant has passed his PG from this college and his/her result lready been declared by the University. Therefore, this institution doesn't have any objection uance of Provisional Certificate to the aforesaid student by the University.
	(Full Signatures of the Principal with Stamp)
	(For Office Use only)
The	student wants to obtain Provisional Certificate. Please, accept requisite fee of

Rs <u>1050/-</u> so that the Provisional Certificate be issued to the student.

Dealing Official

Cashier