

Application for Term Certificate

From Dr.-----

Date:

Address: -----

To,

The Registrar
University of Pune
Pune 411 007

Sub : Request for issue of a Certificate of terms to pass the Post-graduate Examination (in lieu of attempt certificate).

Sir,

I was a post-graduate medical course student of _____.

I was registered for _____ course _____ (Month & Year).

I passed _____ examination of the Pune University held in _____.
My examination seat no. was _____.

I, therefore, request you to issue me a certificate of terms taken by me for passing the above said examination.

Thanking you,

Yours faithfully,

(Signature of the applicant)

Forwarded through the Head of College/Institute

Stamp.

(Please enclose the attested copy of Statement of Marks).