

## TRANSCRIPT DETAILS

Name:

Father's Name:

Mother's Name:

Course Name:

University:

Date of Birth:

Month and Year of Admission:

Month and Year of Completion of Course

Exam Details:

Year	Result Declaration Month and Year	No. Of Attempts
BPT 1 <sup>ST</sup> Year		
BPT 2 <sup>ND</sup> Year		
BPT 3 <sup>RD</sup> Year		
BPT 4 <sup>TH</sup> Year		

Internship Details:

Fees Details for Transcript (Rs. 4000):

(The payment of Rs. 4000/- has to be paid separately for each program / course i.e. BPT/MPT for a single transcript to be issued)

**\*Note: all the documents such as marksheets and internship certificate need to be sent on email [paramedicalrajeevgandhicollege@gmail.com](mailto:paramedicalrajeevgandhicollege@gmail.com).**

