



SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

Comprising Sri Devaraj Urs Medical College

POST BOX NO.62, TAMAKA, KOLAR-563 103, KARNATAKA, INDIA

A DEEMED TO BE UNIVERSITY

(Declared under Section 3 of UGC Act, 1956, MHRD GOI No.F.9-36/2006-U.3(A) Dt. 25th May 2007)

APPLICATION FOR ANNUAL CONVOCATION

Passport
Size Photo
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IN-PERSON IN -ABSENTIA

Please ✓ tick any one of the above.

For office use only:

Eligibility Sl.No. _____

Page No. _____

9th Convocation:

Year of Passing: _____

Reg. No. _____

Course : _____

Case worker

Signature of officer

This is applicable for those who have successfully completed Doctor of Philosophy (Ph.D), Post Graduate Degree (M.D/M.S), Post Graduate Diploma, Under Graduate Degree (MBBS), Post Graduate Diploma in Yoga Practice (PGDYP), M.Sc. Medical Laboratory Technology (M.Sc. MLT), M.Sc. Molecular Biology & Human Genetics (M.Sc. MB & HG), Master of Library & Information Sciences (M.Lib.I.Sc), and B.Sc. Allied Health Sciences Degrees and various Certificate Courses since the 8th Annual Convocation.

This form is to be duly filled and submitted to the Controller of Examinations, Sri Devaraj Urs Academy of Higher Education and Research, Kolar -563103, Karnataka on or before 13.03.2019 with the prescribed fee as mentioned in the given instructions. However, such forms will be accepted upto 15.03.2019 against deposit of a prescribed fine as mentioned in the instructions. No applications shall be entertained after 15.03.2019.

(Specify the course).....

1	Full name of the candidate as registered for the University Examination (use Capital letters)	
2	Mother's Name (as per 10 th /SSLC marks card - to be enclosed for Proof)	
3	Father's Name (as per 10 th /SSLC marks card- to be enclosed for Proof)	
4	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Nationality	Indian <input type="checkbox"/> Others <input type="checkbox"/>
6	Phone number	
6	<u>For in Absentia Candidates only</u> a) Correct postal address (including Pin Code No.) to which certificate is to be sent (use Capital letters only)	

7	Details of the Examinations passed	Course	Reg. No.	Month & Year
8	Details of application fee paid. (Online/DD payments will be accepted) Bank details have been provided in the instructions sheet	UTR / DD. No : Amount : Date : Name of the Bank:		
9	Furnish the following documents: a) Attested Photo copies of the Marks cards of all University Examinations b) Two Passport size photographs	Enclosed <input type="checkbox"/> / Not enclosed <input type="checkbox"/> Enclosed <input type="checkbox"/> / Not enclosed <input type="checkbox"/>		

Place:

Date:

Signature of the candidate

Declaration to be signed by the candidate

“I hereby solemnly declare and promise that, if admitted to the
(write the name of the programme) for which I have been recommended, I shall, in my daily life and conversation, conduct myself as it befits to be a member of this University, that, I shall to my utmost capacity and available opportunity support the cause of morality and sound learning, and that, as far as in me lies, I shall uphold and advance the social order and the well-being of my fellowmen.”

“I shall faithfully and carefully fulfill the duties of the profession to which I may be admitted by virtue of my degree, that I shall on all occasions maintain its purity and reputation and I shall never deviate from the straight path of their honorable exercise by making my knowledge subservient to unworthy.

Place:

Date:

Signature of the candidate

The information furnished by the candidate as under Sl.No.1 to 9 is correct as per the records maintained in the university.

Place:

Date:

Controller of Examinations