



# THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES

DD-36, Salt Lake, Sector-1, Kolkata, W.B, PIN - 700 064

Website: <http://www.wbuhs.ac.in>; EPBX: (033) 2321 - 3461, (033) 2334 - 6602; Fax: (033) 2358 - 0100

## Application Form for 'ACADEMIC TRANSCRIPT'

|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------|----------------------------|--------|
| 01. | <b>NAME</b><br>(in BLOCK letters as written in your registration certificate of the University)                                                                                                                   |          |                                          |                            |        |
| 02. | <b>Communication address with Pin code</b> (where acknowledgment /other communication may be sent )                                                                                                               |          |                                          |                            |        |
| 03. | <b>Phone No. / Mobile No.</b>                                                                                                                                                                                     |          | <b>E-mail:-</b>                          |                            |        |
| 04. | <b>Registration No. of WBUHS</b> (as printed in your registration certificate issued by WBUHS)                                                                                                                    |          | Year                                     |                            |        |
| 05. | <b>Details of first admission to a College affiliated to this University</b>                                                                                                                                      |          |                                          |                            |        |
|     | Name of the College                                                                                                                                                                                               |          |                                          |                            |        |
|     | Date of first admission                                                                                                                                                                                           |          |                                          |                            |        |
| 06. | <b>Details of Examination(s) passed under WBUHS</b>                                                                                                                                                               |          |                                          |                            |        |
|     | Examination (as printed on mark-sheet)                                                                                                                                                                            | Roll No. | Year of passing                          | Result (as per mark sheet) |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
| 07. | <b>Reason for applying transcript</b>                                                                                                                                                                             |          |                                          |                            |        |
| 08. | <b>Furnish the Address of University, Email, Fax No, Website where the certificate(s) is/are to be sent</b> (include separate sheets if required)                                                                 |          |                                          |                            |        |
|     | University / Institute / College                                                                                                                                                                                  | Address  | E-mail, Phone No., Fax No., Website etc. |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
| 09. | <b>No. of total copies of certificate required</b>                                                                                                                                                                |          |                                          |                            |        |
| 10. | <b>Payment details:</b> - Particulars of enclosed DD (Draft)<br><i>N. B: While submitting the Draft to the University Full Name along with the Mobile No. should be written on the reverse side of the draft.</i> |          |                                          |                            |        |
|     | Name of the Bank                                                                                                                                                                                                  | Branch   | DD No.                                   | Date                       | Amount |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |
|     |                                                                                                                                                                                                                   |          |                                          |                            |        |

- All entries are to be made strictly according to WBUHS documents like Registration Certificate / Mark-sheet.
- The application is to be forwarded by the Head of the Institution last attended.
- One (1) set of attested copy of all Mark-Sheet(s) including failed Mark-Sheet(s), where it is applicable and University Registration Certificate are to be enclosed along with this form at the time of submission.
- Fee: **Rs. 2,000/- (Rupees two thousand)** only per copy by means of Demand Draft in favour of 'The West Bengal University of Health Sciences' payable at Kolkata.
- Two computer typed address of the Institution in plain paper to which the transcripts is to be sent, duly signed by the candidate at the bottom is required.
- All the above columns should be filed in block letters.

Date:

Full signature of the candidate

Signature of 'Head of the Institute' with official seal

Date:

- Enclosures:** a) Bank Draft  
b) Attested photocopy of Registration Certificate  
c) Attested photocopy of all mark sheets including failed mark sheets arranged in chronological order  
d) Letter of authorization if a messenger is to get the Transcript on behalf of the applicant