

Sr. No.....



## Sri Guru Ram Das University of Health Sciences, Sri Amritsar

### (Application Form for Confidential Result)

(Fee For Obtaining Confidential Result: Rs. 2000 +100 =2100/-)

1. Name of the student: \_\_\_\_\_
2. Father's name: \_\_\_\_\_
3. Roll No.: \_\_\_\_\_
4. Registration No.: \_\_\_\_\_
5. College name: \_\_\_\_\_
6. Examination/Session: \_\_\_\_\_
7. **Date of completion of training period:** \_\_\_\_\_
8. Name & Address to whom the confidential result is to be sent: \_\_\_\_\_  
\_\_\_\_\_

9. Reason for obtaining confidential result: (Documentary proof must be enclosed)  
\_\_\_\_\_

10. Bank draft/University Receipt No. \_\_\_\_\_ Date: \_\_\_\_\_ Amount \_\_\_\_\_  
(Bank Draft should be drawn in favour of Registrar, SGRDUHS, Payable at Amritsar)

I solemnly declare that the statement given above is correct and for any concealment of facts, I shall be responsible for all the consequences imposed by the Board of Management.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Full Signature of the Student)

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No. \_\_\_\_\_

Email Id \_\_\_\_\_

### Recommendation of the Principal of the College

It is certify that the aforesaid applicant has remained PG Student of this College and his/her date of completion of PG training period is \_\_\_\_\_. Therefore this institution doesn't have any objection in issuance of confidential result to the student.

\_\_\_\_\_  
(Full Signatures of the Principal with Stamp)

### (For Office use only)

The student wants to obtain confidential result. Please, Accept requisite fee of Rs. 2100/- So that the confidential result be issued to the student.

Cashier

Dealing Official