Application for Transcript / LOR

Name: _____

College Joining Date: _____

Internship Batch: _____

Internship start date: _____

Internship end date: _____

Mob: _____

Date: _____

To,
The Dean
Govt. Dental College & Hospital,
Jamnagar.

Subject:- Application for

☐ Transcript Certificate

☐ Letter of Recommendation (LOR) Certificate

Respected sir/madam

I _____ Have completed BDS from this institute in Year_____. I need a _____ certificate for _____ Purpose.

So, I kindly request you to issue me a _____ Certificate for _____ Purpose.

I successfully passed my			
Year	Examination held	Attempt	Percentage %
1st Year BDS			
2nd Year BDS			
3rd Year BDS			
4th Year BDS			

Thanking You,

Yours Faithfully

(_____)

Enclosures:-

1. Admission Order/Allotment letter Copy
2. 1st to 4th BDS, Pass/Fail All Marksheet Copy
3. Internship Completion Certificate Copy
4. Rs.1000/- Fees Receipt (1 Copy, Transcript)
5. Rs.1000/- Fees Receipt (1 Copy, LOR)