

**HAMDARD INSTITUTE OF MEDICAL SCIENCES & RESEARCH AND ITS ASSOCIATED HAHC
HOSPITAL, GURU RAVIDAS MARG,
HAMDARD NAGAR, NEW DELHI-110062**

OFFICE OF THE DEAN

FORM OF APPLICATION FOR ISSUE OF CERTIFICATE

(To be filled in by the applicant)

S.No.	Particulars	Details
1.	Name of Applicant (as per 10 th Mark sheet)	
2.	Father's Name (as per 10 th Mark sheet)	
3.	Enrolment No.	Mobile:
4.	Session for which certificate is required	Session- If any similar certificate availed in same session: (Yes/ No)
5.	Name of Certificate	
6.	Reason for which certificate required. (Attach necessary documents in support of your application applied, if any)	

***For fee structure/Bank loan/Scholarship**

7.	Bank Name or Institution Name from which loan or Scholarship is being availed	
8.	Amount of loan/ Scholarship being availed	
9.	Number of year loan/ scholarship availed	
10.	Percentage of Interest being charged for loan/ Scholarship being offered	

Is there any dues left: Tuition fee / Examination fee/Hostel fee/ Mess fee or any other fee, please mention.....

Any disciplinary action initiated? If yes, please mention the details.....

Signature of student

Request for Issue of certificate

Approved	Not Approved	Pending for Dues	Any other reason
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Dean/Principal

- This is to inform all the students TAT (Turn over Time) for any application is 10 working days. You are required to submit your application at least 7 working days in advance. (Some applications might take some more time if required)
- No application will be accepted for immediate or urgent processing
- Student dealing/meeting with the official without prior appointment from 2:30PM to 4:00 PM on all working days.