



# **KATIHAR MEDICAL COLLEGE**

(A Post-Graduate Medical Institute (a constituent unit of  
Al-Karim University, Katihar))

**Karim Bagh, Katihar- 854106, Bihar, India**

**Email : [kmckatihar@gmail.com](mailto:kmckatihar@gmail.com), Website : [www.kmckatihar.org](http://www.kmckatihar.org), Landline : 06452-249222**

**(Recognized By Ministry of Health & Family Welfare, Government of India, New Delhi)**

## **PUBLIC NOTICE**

All Students who have passed final MBBS examination from Katiyar Medical College, Katihar under B.N Mandal University, Madhepura and have not been issued their MBBS Degree certificate by the University are requested to submit their details to the college in prescribed format (available on the college website) through email latest by 28th February 2020.

**PRINCIPAL**

# KATIHAR MEDICAL COLLEGE

## PROFORMA FOR SUBMISSION OF DETAILS REGARDING NON-ISSUE OF MBBS DEGREE CERTIFICATE

1	Name of the student in full (in capitals as registered in the University)				
2	Date of Birth (DD/MM/YYYY) format				
3	Gender				
4	Father's name				
5	Nationality				
6	Permanent address in block letters with PIN code				
		PIN Code:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
7	Mobile no				
8	Email ID				
9	Examination passed with details (attach copy of marks sheet f all the University examination)	Name of Exam	Univ. Registration No.	Passing Month	Year
		1 <sup>st</sup> Prof.			
		2 <sup>nd</sup> Prof.			
		3 <sup>rd</sup> Prof. Part I			
		3 <sup>rd</sup> Prof. Part II			
10	Date of Completion f Internship	From Date:	To Date:		
11	Declaration: I hereby declare that all the information furnished above are true and correct. I have not been issued with MBBS Degree certificate by the B.N Mandal University till date.				
	Signature of the candidate				