

Request for (Tick)

Academic Transcript: **Letter of Recommendation:** **Medium of Instruction:**

To, Date: _____
Principal,
Smt. LP Patel Institute of Allied Health Sciences & Technology/ CAM Institute of Allied Health Sciences & Technology/ Smt. L. P. Patel Institute of MLT, Karamsad.

Student's Name: _____

Course Completed: _____ Year of Completion: _____

Kindly provide me _____ copies of college Transcript/ Copies of _____ LOR (Principal/ HOD/ Faculty)/
Copies of _____ Medium of Instruction

❖ **Attachments:** I have herewith enclosed a photo copy of my Mark-sheets/ Internship Certificate/
Transcript issued earlier.

❖ **Fill the mandatory area listed below:**

Title of Dissertation (For M.Sc. Students)/ Title of Research Project (For UG Students) Completed during
program:

Under the supervision of: _____

A. Have you published any Research Paper, Book Chapter, Review Paper, etc. during the program?

Yes: No:

(If yes than enlist the details and attach the copy of paper)

Title of the Paper	Year of Publication	Name of the Publisher/ Journal

B. Have you participated in any Continuous Medical Education (CME) (online or offline) during Program? Yes: No:

If yes than enlist the number of CME participated and attach the copy of certificate

Types/ Level	State	Regional	National	International	Total
Conference					
Symposium					
Seminar					
Workshop					
Oral Presentation					
Poster Presentation					
Others					

C. Have you completed any Additional Certificate Courses (online or offline) during program?

Yes: No:

(If yes than enlist the number of certificates acquired and attach the copy of certificate)

Certificate Courses	Tick for "Yes"	If yes than number of Courses Completed	Tick for "No"
Value Added Course			
Skill Based Certificate Course			
Distance Learning Certificate Course			
Short Term Certificate Course			
Others			

D. Have you received any Award in any curricular (Academic) or Co- curricular activities (Research & Certificate Courses) during program? Yes: No:

(If yes than enlist the details of Award obtained and attach the copy of certificate)

Awards/ Achievements	No. of Award	Total
Award in Curricular Activities (Academic)		
Award in Co-Curricular Activities (Research & Certificate Courses)		

E. Have you Participated or Awarded in any extra-curricular activities during program?

Yes: No:

(If yes than enlist the number of certificate & Award obtained and attach the copy of certificate)

extra-curricular activities	Number of Participation	Number of Award
Sports		
Cultural Events		
Community Services/ NSS		
Others		

❖ Students Contact Number: _____

❖ Students Email I'D: _____

Issue of transcript/ LOR approved:

Principal

Payment of Rs. _____

Made vide receipt No. _____

Dated: _____

Signature of requisitioner: _____

Requisitioner Contact No: _____