



❖ College Portal Login → Convocation → Apply for Degree Certificate




Online Examination Application System
Rajiv Gandhi University of Health Sciences
Bengaluru




User ID: MEGHA		User Name: Megha Bhosale	
Home	Examination	Evaluation	Master
Post Exam	Convocation	Payment	Reports
		Apply For Degree Certificate	Click here
		Reports	

❖ Based on the Selection of Course, Batch & Degree the List of Eligible Candidates is generated.

➤ Click on [Apply](#) to fill up form of Candidate.



Online Examination Application System
Rajiv Gandhi University of Health Sciences
Bengaluru



User ID: MEGHA		User Name: Megha Bhosale	
Home	Examination	Evaluation	Master
Post Exam	Convocation	Payment	Reports
User Account	LogOut		

Degree Certificate Application (DECEMBER-2019)

College	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALOR		
CourseLevel	Under Graduate	Course	MBBS-MBBS
Degree	MBBS3 - M.B.B.S. (RS3)	Batch	2014

List Of Students

Sl.No.	Reg.No.	Student Name	Apply
1	14M2364	SMRITHI S NAYAK	Apply
2	14M2547	HARSHAVARDHANA M	Apply
3	14M2634	VISHRUTH GUNDLUR	Apply
4	14M2810	PRERANA C	Apply
5	14M3015	ASHWINI. H.L.	Apply
6	14M3056	PRADEEP. D.R.	Apply
7	14M3071	SHRAVYA. P.SHETTY	Apply
8	14M3089	VINDYA. K.M.	Apply
9	14M5069	RAKSHITA RAMESH BHAT	Apply
10	14M5751	ABHIDEET	Apply

1 2 3 4 5 6 7 8 9 10 ...

Degree Certificate Application (DECEMBER-2019)			
College	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALOR		
CourseLevel	Under Graduate	Course	MBBS-MBBS
Degree	MBBS3 - M.B.B.S. (R53)	Batch	2014

List Of Students				
Sl.No.	Reg.No.	Student Name		
1	14M2364	SMRITHI S NAYAK	Apply	
2	14M2547	HARSHAVARDHANA M	Apply	
3	14M2634	VISHRUTH GUNDLUR	Apply	
4	14M2810	PRERANA C	Apply	
5	14M3015	ASHWINI. H.L.	Apply	
6	14M3056	PRADEEP. D.R.	Apply	
7	14M3071	SHRAVYA. P.SHETTY	Apply	
8	14M3089	VINDYA. K.M.	Apply	
9	14M5069	RAKSHITA RAMESH BHAT	Apply	
10	14M5751	ABHIJEET	Apply	

1 2 3 4 5 6 7 8 9 10 ...



Student Details			
Registration No :	14M2364		
Student Name :	SMRITHI S NAYAK		
Student Name in Kannada : *	<input type="text"/> Click on the Link to Convert the name in kannada text & Copy the Kannada Text		
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	SATISH NAYAK K	Mother Name :	
Gender :	Female	Student Photo : *	 Click here to upload new photo
Category :	GM		
Nationality :			
Passing Term:	DECEMBER-2018		

Postal Address Details			
Postal Address Line 1: *	<input type="text"/>	City: *	<input type="text"/>
Address Line 2:	<input type="text"/>	Pincode: *	<input type="text"/>
Address Line 3:	<input type="text"/>	State: *	<input type="text"/>
Landmark:	<input type="text"/>	Country: *	<input type="text"/>
Contact No. : *	<input type="text"/>		

Internship Details	
Internship Started Date : * <input type="text"/> (dd-mm-yyyy format)	Internship Completed Date : * <input type="text"/> (dd-mm-yyyy format)
Internship Certificate(.PDF) * <input type="button" value="Choose File"/> No file chosen Size not more than 150 kb	

SAVE


- For Post Graduate students select the mode of collecting degree certificate (In-Person or In-Absentia)

Student Details			
Degree Certificate Collected : *	<input type="radio"/> In-Person <input checked="" type="radio"/> In-Absentia		 Select Mode here.
Registration No :	16AD002		
Student Name :	DR.AMULYA KANNAN		
Student Name in Kannada : *	<input type="text"/> Click on the Link to Convert the name in kannada text & Copy the Kannada Text		
College Name :	A001 - GOVERNMENT AYURVEDIC MEDICAL COLLEGE ,BANGALORE.		
Degree :	DRAV3 - AYURVEDA VACHASPATHI (M. D. - AYURVEDA) - DRAVYAGUNA VIGYAN		
Father Name :	T A KANNAN	Mother Name :	SHYLA KANNAN
Gender :	Female	Student Photo : *	
Category :			
Nationality :	Indian		
Passing Term:	OCTOBER-2019		
Click here to upload new photo			
Postal Address Details			
Postal Address Line 1: *	<input type="text"/>	City: *	<input type="text"/>
Address Line 2:	<input type="text"/>	Pincode: *	<input type="text"/>
Address Line 3:	<input type="text"/>	State: *	<input type="text"/>
Landmark:	<input type="text"/>	Country: *	<input type="text"/>
Contact No. : *	<input type="text"/>	Result Processed Date : 12/13/2019 5:06:00 PM	
<input type="button" value="SAVE"/>			

- Copy & Paste the Student Name in Kannada by Converting it with the link provided.

Student Details			
Registration No :	14M2364		
Student Name :	SMRITHI S NAYAK		
Student Name in Kannada : *	<input type="text"/> Click on the Link to Convert the name in kannada text & Copy the Kannada Text		
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	SATISH NAYAK K	Mother Name :	
Gender :	Female	Student Photo : *	
Category :	GM		
Nationality :			
Passing Term:	DECEMBER-2018		
Click here to upload new photo			
Postal Address Details			
Postal Address Line 1: *	<input type="text"/>	City: *	<input type="text"/>
Address Line 2:	<input type="text"/>	Pincode: *	<input type="text"/>
Address Line 3:	<input type="text"/>	State: *	<input type="text"/>
Landmark:	<input type="text"/>	Country: *	<input type="text"/>
Contact No. : *	<input type="text"/>		
Internship Details			
Internship Started Date : *	<input type="text"/>	Internship Completed Date : *	<input type="text"/>
	(dd-mm-yyyy format)		(dd-mm-yyyy format)
Internship Certificate(.PDF) *	<input type="button" value="Choose File"/> No file chosen		
	Size not more than 150 kb		
<input type="button" value="SAVE"/>			



- Upload the Photo of the student in the prescribed Format & Size.

Student Details			
Registration No :	14M2364		
Student Name :	SMRITHI S NAYAK		
Student Name in Kannada : *	<input type="text"/>	Click on the Link to Convert the name in kannada text & Copy the Kannada Text	
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	SATISH NAYAK K	Mother Name :	
Gender :	Female	Student Photo : *	
Category :	GM		
Nationality :			
Passing Term:	DECEMBER-2018		
Click here to upload new photo			
Postal Address Details			
Postal Address Line 1: *	<input type="text"/>	City: *	<input type="text"/>
Address Line 2:	<input type="text"/>	Pincode: *	<input type="text"/>
Address Line 3:	<input type="text"/>	State: *	<input type="text"/>
Landmark:	<input type="text"/>	Country: *	<input type="text"/>
Contact No. : *	<input type="text"/>		
Internship Details			
Internship Started Date : *	<input type="text"/>	Internship Completed Date : *	<input type="text"/>
	(dd-mm-yyyy format)		(dd-mm-yyyy format)
Internship Certificate(.PDF) *	<input type="button" value="Choose File"/> No file chosen		
	Size not more than 150 kb		
<input type="button" value="SAVE"/>			

Click here to
upload new
photo

Photo Specification

- Size: 33mm x 41mm or 1.3 x 1.6 inches
- Color: Natural Color so skin tone is clearly visible
- Background: Plain white & solid design. (Taken in the 6 months)
- Dimensions & Size(pixels): 10kb to 50kb. For pixels:130 x 160
- Smile: No Smile, Only Neutral Expression.
- Eyes: Open & looking directly to camera.
- Attire, clothing, dress code: Casual or professional preferred
- Format: JPG/JPEG

Student Details			
Registration No :	13M5315		
Student Name :	SHREYAS SHARMA. A.K.		
Student Name in Kannada : *	<input type="text" value="ಶ್ರೇಯಸ್ ಶರ್ಮಾ ಎ. ಕೆ."/> Click on the Link to Convert the name in kannada text & Copy the Kannada Text		
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	KUMARASWAMY. A.N.	Mother Name :	ROOPA.P.K
Gender :	Male	Student Photo : *	 Click here to upload new photo
Category :	General Merit		
Nationality :			
Passing Term:	DECEMBER-2017		
Postal Address Details			
Postal Address Line 1: *	Plot no 589,	City: *	Gangtok
Address Line 2:	Papad galli	Pincode: *	580008
Address Line 3:	CHANDNI CHOWK	State: *	sikkim
Landmark:		Country: *	India
Contact No. : *	7667475478		
Internship Details			
Internship Started Date : *	01/01/2019 (dd-mm-yyyy format)	Internship Completed Date : *	03/01/2020 (dd-mm-yyyy format)
Internship Certificate(.PDF) *	<input type="button" value="Choose File"/> intern.pdf Size not more than 150 kb		
<input type="button" value="SAVE"/>		 Click here after filling all the details	


- Enter the Internship date & Upload the Internship Certificate in the prescribed Format. (For Course's with Internship)

Student Details			
Registration No :	14M2364		
Student Name :	SMRITHI S NAYAK		
Student Name in Kannada : *	<input type="text"/> Click on the Link to Convert the name in kannada text & Copy the Kannada Text		
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	SATISH NAYAK K	Mother Name :	
Gender :	Female	Student Photo : *	 Click here to upload new photo
Category :	GM		
Nationality :			
Passing Term:	DECEMBER-2018		
Postal Address Details			
Postal Address Line 1: *		City: *	
Address Line 2:		Pincode: *	
Address Line 3:		State: *	
Landmark:		Country: *	
Contact No. : *			
Internship Details			
Internship Started Date : *		Internship Completed Date : *	
Internship Certificate(.PDF) *	<input type="button" value="Choose File"/> No file chosen Size not more than 150 kb		
<input type="button" value="SAVE"/>		 Upload Internship Document here.	

Internship Certificate Specification

- Format: PDF
- Size: less than 150kb

➤ If any changes are made click on update, & then final submit.

Student Details			
Application Number:	DC2020010024		
Registration No :	13M5315		
Student Name :	SHREYAS SHARMA. A.K.		
Student Name in Kannada : *	<input type="text" value="ಶ್ರೇಯಸ್ ಶರ್ಮಾ ಎ. ಕೆ."/>	Click on the Link to Convert the name in kannada text & Copy the Kannada Text	
College Name :	M001 - BANGALORE MEDICAL COLLEGE & RESEARCH INSTITUTE ,BANGALORE		
Degree :	MBBS3 - BACHELOR OF MEDICINE & BACHELOR OF SURGERY		
Father Name :	KUMARASWAMY. A.N.	Mother Name :	ROOPA.P.K
Gender :	Male	Student Photo : *	
Category :	General Merit		
Nationality :			
Passing Term:	DECEMBER-2017		
Click here to upload new photo			
Postal Address Details			
Postal Address Line 1:*	<input type="text" value="PLOT NO 589,"/>	City: *	<input type="text" value="GANGTOK"/>
Address Line 2:	<input type="text" value="PAPAD GALLI"/>	Pincode: *	<input type="text" value="580008"/>
Address Line 3:	<input type="text" value="CHANDNI CHOWK"/>	State: *	<input type="text" value="SIKKIM"/>
Landmark:	<input type="text"/>	Country: *	<input type="text" value="INDIA"/>
Contact No. :*	<input type="text" value="7667475478"/>	Result Processed Date : 2/23/2018 12:30:55 PM	
Internship Details			
Internship Started Date :*	<input type="text" value="01/01/2019"/> (dd-mm-yyyy format)	Internship Completed Date : *	<input type="text" value="03/01/2020"/> (dd-mm-yyyy format)
Internship Certificate(.PDF) *	<input type="button" value="Choose File"/> No file chosen <small>Size not more than 150 kb</small>		View here
<input type="button" value="UPDATE"/> <small>(If any modifications)</small>		<input type="button" value="FINAL SUBMIT"/> <small>(If No further modifications)</small>	

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Eligibility for Applying

- ❖ The Candidate should have completed the degree & Possessing the markscard.

Ineligible for Applying

- ❖ If Candidate has not Completed the degree.
- ❖ If Markscard for any of the year is not printed.
- ❖ If Blocked/Withheld for Any Reason.
- ❖ If the Internship is not Completed (For Courses with Internship)

Applications Can be Rejected for the following Reasons

- ❖ If Photo is not as per the specification.
- ❖ If Internship Certificate is invalid.