



STUDENT'S REQUISITION TO PRINT NAME* IN THE MBBS DEGREE CERTIFICATE

[*AS PER THE SCHOOL RECORDS SUBMITTED TO THE OFFICE OF THE ADMISSIONS DURING ADMISSION TO BDS DEGREE PROGRAM/TO BE LEGIBLY FILLED-IN BY BDS FINAL YEAR STUDENT]

Date: ___/___/20___

To
The DEAN-RAKCODS

Dear Sir,

In the BDS Degree Certificates [Arabic & English] that I shall be receiving upon my graduation, kindly arrange to print my name as given below:

Name to be printed in BDS Degree Certificate **[Arabic]:**

Name to be printed in BDS Degree Certificate **[English]:**

[ENTER YOUR NAME IN CAPITALS]

Signature of student

College ID No.:

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Mobile No.:

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E-mail ID _____ Permanent Contact No. _____

FOR OFFICE USE

Student's request forwarded to the Dean-Examinations.

**DEAN
RAKCODS**