



MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410 209

Tel 022-27432471, 022-27432994, Fax 022 - 27431094

E-mail : registrar@mgmuhs.com ; Website : www.mgmuhs.com

Application for University Internship Completion Certificate

To:

Registrar

MGM Institute of Health Sciences

Kamothe, Navi Mumbai – 410 209

Respected Sir,

I hereby request you to issue me a “**University Internship Completion Certificate**”.

My personal details are given below:

- 1) **Name of Candidate** :
(As mentioned in the final year/Last semester examination Mark Sheet)
- 2) **Mobile No** :
- 3) **Degree Title** :
- 4) **Month & Year of admission** :

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- 5) **P.R. No.** :

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- 6) **Name of College / School** :
- 7) **Month & Year of Passing** :

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- 8) **Internship Details**
 - Date of Starting Internship** :

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 - Date of Internship Completion**

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Following documents are attached along with this application.

- (i) College Internship Completion Certificate. (Original)
- (ii) Certificate showing details of Internship posting in various departments. (Original)
- (iii) Internship Performance Data Book (Original)
- (iv) HSC/12th Statement of Marks (Attested Photocopy)
- (v) Final year / Semester Statement of marks (Attested Photocopy).
- (vi) Demand Draft of Rs.1500/- drawn in favour of **MGM Institute of Health Sciences**, payable at Mumbai.

Yours' faithfully,

Date: /...../20

Signature of Candidate

Checked By:.....

Forwarded By

Date: /...../20

(Dean/Director/Principal)