



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 Migration Certificate

To:

Registrar

MGM Institute of Health Sciences, Navi Mumbai

Respected Sir,

I hereby request you to issue me a "Migration Certificate". My personal details are given below:

1) **Name of Candidate** :
(As mentioned in the final year/Last semester examination Mark Sheet OR Degree Certificate)

2) **Email ID:** **Mobile No.:**

3) **Address:**
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4) **P.R. No.** :

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5) **Name of College / School** :

6) **Month & Year of completion of Course** :

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7) **Degree title** :

8) **I would like to receive Migration Certificate:** a) **By hand** b) **By post (on above address)**
(Please Tick)

Each of the following documents are mandatory and must be attached along with this application form otherwise application form will be rejected without any intimation.

- (i) Final Semester / year Statement of Marks. (Self Attested Photocopy)
- (ii) Degree / Passing Certificate. (Self Attested Photocopy)
- (iii) Original Transfer/Leaving Certificate (if submitted to the college where admission is taken than mandatory to submit photocopy of the same duly attested by issuing authority)
- (iv) Demand Draft of Rs.1000/- drawn in favour of **MGM Institute of Health Sciences**, payable at Mumbai.
- (v) Original Bonafide Certificate of Institute where admission is taken, in which it should also be mentioned to which University this Institute is affiliated to.
- (vi) Internship completion certificate, if any (Self Attested Photocopy)

Thanking you,

Date:/...../20

Signature of Student

[This application must be submitted directly to the University office]