



# 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](mailto:registrar@mgmuhs.com) ; Website : [www.mgmuhs.com](http://www.mgmuhs.com)

## Application for Migration Certificate

To:

**Registrar**

MGM Institute of Health Sciences

Kamothe, Navi Mumbai – 410 209

Respected Sir,

I firmly request you to issue me a “**Migration Certificate**” as early as possible. 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:** .....

4) **Date of birth** :

5) **Month & Year of admission** :

6) **P.R. No.** :

7) **Name of College / School** : .....

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

9) **Degree title** : .....

Photocopy of each of the following documents is attached along with this application.

- (i) Final year / Semester Statement of Marks. (Attested Photocopy)
- (ii) Degree / Passing Certificate. (Attested Photocopy)
- (iii) Original Transfer/Leaving Certificate
- (iv) Demand Draft of Rs.1000/- drawn in favour of **MGM Institute of Health Sciences**, payable at Mumbai
- (v) Original Selection/Admission letter or bonafide of receiving Institute.
- (vi) Internship completion certificate, if any (Attested Photocopy)

Thanking you,

Date: ...../...../20

Signature of Student

Checked By:.....

Forwarded By .....  
(Dean/Director/Principal)

Date: ..... /...../20