

**Application for Passing Certificate (version 2018/10)**

To:

**Controller of Examination**

MGM Institute of Health Sciences, Navi Mumbai

Respected Sir,

I firmly request you to issue me a “**Passing 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) **Father’s Full Name** : .....
- 3) **Email ID:** ..... **Mobile No:** .....
- 4) **Address:** .....
- 5) **Date of birth** : 

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- 6) **Month & Year of admission** : 

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

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- 8) **Name of College / School** : .....
- 9) **Month & Year of completion of Course** : 

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- 10) **Degree title** : .....

**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 year / Semester Statement of marks (Attested Photocopy).
- (ii) Degree Certificate (if applicable) (Attested Photocopy).
- (iii) Pay Rs. 1000/- through ‘SBI Collect online payment portal link’ available on www.mgmuhs.com and attach e-receipt of SBI Collect payment. **Please note that other mode of payment will not be accepted.**
- (iv) Alumni Association Registration” fee receipt (photocopy).

Thanking you,

Yours’ faithfully,

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

Signature of student

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Checked By:.....

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

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