



# MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s 3 of UGC Act, 1956)  
Sector-01, Kamothe, Navi Mumbai - 410 209  
Tel 022-27432994, 022-27432471, Fax 022 - 27431094  
E-mail : [registrar@mgmuhs.com](mailto:registrar@mgmuhs.com) ; Website : [www.mgmuhs.com](http://www.mgmuhs.com)

## **MGM UG CET –2015 (B.P.T)** **Application for Verification of Marks**

Name : .....

Address : .....

.....

.....

Resident No: ..... Mobile No: .....

### **MGM UG CET – 2015 (B.P.T) Details:**

Seat/Roll No

Application No

DD No..... Name of Bank: ..... Date / /2015

Of Rs. 1000/- in Favour of “MGM Institute of Health Sciences”, payable at “Mumbai”.

Date:

Place:

Signature of Candidate

Complete verification form along with DD to be sent at above mentioned address of University on or before 07/07/2015.

---

### ACKNOWLEDGEMENT

Received application form for verification of marks of MGM UG CET - 2015 (B.P.T) along with DD of Rs..... from Mr/Ms .....

MGM UG CET - 2015 (B.P.T) Seat No: ..... Application No: .....

Date:

Stamp & Signature of Receiving Authority