



# MGM INSTITUTE OF HEALTH SCIENCES

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

Accredited by NAAC with 'A' Grade

Sector-1, Kamothe, Navi Mumbai - 410209

Tel. No. 022-27432471, 022-27432994, Fax No. 022 - 27431094

E-mail : registrar@mgmuhs.com ; Web site : www.mgmuhs.com

## APPLICATION FORM - Seventh Convocation - 2017 (May/June2017)

1. Full name of the candidate including surname : (Name in Capital Letter, as appears on Last qualifying exam.)


2. Father's Name (in Capital Letter) : 


3. Mother's Name (in Capital Letter) : 


4. Aadhar Card Number : 

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5. Date of Birth : 

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6. Gender : Male  Female  TG

7. Category (Open/SC/ST/OBC/Other) : .....

8. Name of the College/Institute : .....

9. Degree applying for : .....

(Please attached A Xerox copy of previous qualifying Examination mark sheet/Passing Certificate/ Copy of Result Notification for PhD students & University Internship Completion Certificate, if applicable)

10. Particular of Examination passed  
a) Course and Branch : .....

b) Month and Year of Admission : 

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c) Month and Year of Passing : 

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d) Permanent Registration Number (PR No.) : 

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11. Mailing address (in Capital Letter) : .....  
..... Pin

12. Contact Telephone / Mobile No. : 

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13. Email ID : .....

14. Attach two recent passport size colored photograph :  
(With your name and PRN on reverse of the Photograph)

Date: / /2017 Place: .....

\_\_\_\_\_  
(Signature of the Candidate)

Two recent passport size colored photographs with Navy Blue Background (One to be pasted & one should be sent in envelope or stapled along with this form)

**Encl:** Demand Draft of Rs.1000/- in favor of "MGM Institute of Health Sciences" payable at Mumbai