



15. CET Examination Centre:  Navi Mumbai  Aurangabad  Noida

16. Qualification : Attach attested copies of marks sheets of the following qualifications along with the application form.

Exam	Board / University	School / College	Year of Passing	Subjects	Class Obtained	Aggregate %
1. S.S.C. Or its equivalent						
2. H.S.C.(10+2) or equivalent (Science Stream)						
3. Degree Course						
4. PG Course						
5. Any Other						

(If appeared or are appearing in 2017, then write 2017 in the column of Year of Passing)

17. Demand Draft of applicable Application Fee in favor of "MGM Institute of Health Sciences" payable at Mumbai must be enclosed along with the application form.

DD No	DD Date	Bank Name	Amount

### **Declaration by the candidate**

- I hereby solemnly and sincerely affirm that the statements made and information given by me in the application form are true and correct.
- I have not concealed any material information. However, if any information submitted herein is fraudulent, incorrect, misleading or untrue, I understand that I am liable to criminal prosecution and I also agree to forgo my seat in the MGM Institute's University Department of Biomedical Sciences. I understand that the selection and admission to the course is also liable to be cancelled. In case later it is found, I shall be entitle for payment of entire course fees & legal course of action.
- I agree to abide by the Rules & Regulations of the MGM Institute as contained in the information Brochure and also the modifications made thereto from time to time.
- I undertake to submit all the **Original Certificates** at the time of my selection process, as per the rules, failing which my claim for selection shall not be granted.

Date : / /2017

Place :

### **Signature of the Candidate**

I have fully read the information furnished by my son/ daughter / ward and affirm that it is true. I understand that if it is found that the information is fraudulent, my Son/Daughter/Ward is liable for disqualification of admission and criminal prosecution and I undertake to make up the loss to the University by paying the tuition fees for entire Course.

Date : / /2017

Place :

### **Signature of Father / Mother / Guardian**

### **List of attested photocopies of the following documents to be submitted with the application form**

- |                                 |                          |                            |                          |
|---------------------------------|--------------------------|----------------------------|--------------------------|
| 1. S. S. C. Statement of Marks  | <input type="checkbox"/> | 6. Degree Certificate      | <input type="checkbox"/> |
| 2. S. S. C. Passing Certificate | <input type="checkbox"/> | 7. Transfer Certificate    | <input type="checkbox"/> |
| 3. H.S.C. Statement of Marks    | <input type="checkbox"/> | 8. Migration Certificate   | <input type="checkbox"/> |
| 4. H.S.C. Passing Certificate   | <input type="checkbox"/> | 9. Nationality Certificate | <input type="checkbox"/> |
| 5. Degree Course Marksheets     | <input type="checkbox"/> |                            |                          |