

MGM INSTITUTE OF HEALTH SCIENCES

(Deemed University u/s of 3 UGC Act, 1956) Accredited by NAAC with 'A++' Grade

APPLICATION FORM FOR VERIFICATION OF MARKS (MGM-CET-2025)

NAME OF THE CANDIDAT		
THE CHINDIDATE	E :	
ADDRESS	:	
CONTACT NO.	:	
SEAT /ROLL NO APPERING COURSE	:	
	:	
APPLICATION NO	:	
CET CENTRE NAME	:	
Sr.No	Name of the course	Marks Obtained
1		
Instructions:		
3. Send the filled in Applica	for MGM-CET ough by SBI pay 'MGM Institute of Health S ation Form along with the SBI pay Receipt to , Kamtohe, Navi Mumbai' on or before 01.0	'The Registrar, MGM Insti
Details of fees paid for verif	ication of marks: Total Amount:	Date: