## Application for University Internship Completion Certificate (version 2020/06)

To:

## Registrar

MGM Institute of Health Sciences, Navi Mumbai

Respected Sir,

I hereby request you to issue me a "University Internship Completion Certificate".

My personal details are given below:

1)	Name of Candidate	:	
	(A	s mentioned in the final year/Last s	semester examination Mark Sheet)
2)	Mobile No:	Email ID:	
3)	Degree Title	:	
4)	Month & Year of admission	:	
5)	P.R. No.		
6)	Name of College / School	:	
7)	Month & Year of Passing	:	
8)	Internship Details		
	Date of Starting Intern	ship :	
	Date of Internship Con	npletion	
9)	Appeared NEET PG: Yes (Not applicable to BPT/BPO/B.Sc.AH)	<b>No</b>	
	If yes please provide following details	:-	
	NEET PG Year	] Roll No	Score/Marks:
	of the following documents is n vise application form will be re	•	ached along with this application form on.
(ii) C	ollege Internship Completion Cer ertificate showing details of Inter ternship Performance Data Book	nship posting in various depa	artments. (Original)
(iv) H	SC/12 <sup>th</sup> Statement of Marks (Atte	ested Photocopy)	
(vi) Pa at (vii) I	tached e-receipt of SBI collect pa	ect online payment portal lin ayment. <u>Please note that other</u> than once in NEET PG,	nk' available on www.mgmuhs.com and <u>r mode of payment will not be accepted</u> . than latest NEET PG details must be
	rovisional State Medical Council		ested Photocopy).
Dat	te:/20		Signature of Candidate
Chee	cked By:		
	/arded By		Date: //20