



MGM INSTITUTE OF HEALTH SCIENCES

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

Grade 'A' Accredited by NAAC

Sector-01, Kamothe, Navi Mumbai - 410209

Tel 022-27432471, 022-27432994, FAX 022-27431094

E-mail : registrar@mgmuhs.com; Website : www.mgmuhs.com

Date : 06/11/2020

PROVISIONAL SELECTION LETTER



To,

MANDAL WAJID JAKIR HUSAIN;

Sub : Provisional selection for Admission to 1st Year BACHELOR IN PROSTHETICS & ORTHOTICS (BPO) Program for the year 2020-21

(Quota : GENERAL MERIT) Tuition fees to be paid: 60000

Dear student,

You are provisionally selected for admission to 1st Year BACHELOR IN PROSTHETICS & ORTHOTICS (BPO) Program for the academic year 2020-21 in the following constituent College/School of MGM institute of Health Science, Navi Mumbai.

APPLICATION NO : 201002499

COLLEGE NAME & CAMPUS: MAHATMA GANDHI MISSION INSTITUTE'S UNIVERSITY DEPARTMENT OF PROSTHETICS AND ORTHOTICS, NAVI MUMBAI

Please note that, this is your provisional selection letter. For Final Admission Letter you are requested to complete the following formalities within three days from the date of receipt of provisional selection letter :-

1. Kindly pay the 1st year tuition fees through your online application form login portal.
2. Kindly pay the college level fees (for details please contact to your respective college office)
3. One set of self-attested photocopies of documents as per check list to be submitted to college.

After successfully completion of the above formalities, final admission letter will be available in your online application form login portal

IMP Note: Non-payment of the above fees within three days will lead to cancellation of the provisional selection letter.

Registrar/Principal/Director
MGMIHS

(This is system generated document, does not require signature)



Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL: **SIR JJ GROUP OF HOSPITALS AND GRANT GOVERNMENT MEDICAL COLLEGE, MUMBAI-08**
(Maharashtra, India)

Certificate Number: 233324

Date: 01/12/2015

This is to certify that I have carefully examined.

Person Identification Number: **PIS1900323916**

Aadhar Number: N/A

Shri/Smt./Kum: **MANDAL WAJID JAKIR HUSSAIN MANGUARA**Father Name: Shri/Smt./Kum. **JAKIR HUSSAIN**Date of Birth (dd/mm/yyyy): **28/08/2002**Age: **13 years**Gender: **Male****Permanent Address:**House Address: **RO NO 144 B.P.T RAILWAY GATE NO 4 WADALA (E) MUMBAI.**Village: **N/A**Taluka: **Mumbai**District: **Mumbai**Pincode: **400037**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. L/L	rt bk traumatic amputation at 4yr of age	70

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Harish B.S.

Assistant Professor Orthopedics

Member

Regn. No. : 2014/07/3153

Dr. NITIN BAVDEKAR

Superintendent

Member Secretary

Regn. No. : 2002010274

DR. T.P. LAHANE

DEAN

President

Regn. No. : 48614

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.