Before applying, please check on www.mgmuhs.com that latest version of the form is being used

## **Application for Migration Certificate (version 2020/04)**

To: Registrar MGM Institute of Health Sciences, Navi Mumbai	
Respected Sir,  I hereby request you to issue me a "Migration Certificate". My personal details are given below:  1) Name of Candidate  (As mentioned in the final year/Last semester examination Mark Sheet OR Degree Certificate)	
3) Address:	
4) P.R. No.	
5) Name of College / School	:
6) Month & Year of completion of Course:	:
7) Degree title	:
8) I would like to receive Migration Certificate: a) By hand b) By post (on above address) [ (Please Tick)	
Each of the following documents are mandator form otherwise application form will be rejected  (i) Final Semester / year Statement of Ma  (ii) Degree / Passing Certificate. (Self Atterior)  (iii) Original Transfer/Leaving Certificate than mandatory to submit photocopy receiving authority)  (iv) Pay Rs.1000/- through 'SBI Cowww.mgmuhs.com and attached e-received of payment will not be accepted (v) Original Bonafide Certificate/Admission it should also be mentioned to which Use (vi) Internship completion certificate, if any (vii) Applicable PG/Superspeciality/Ph.D. (if admission is based on the Entrance)	arks. (Self Attested Photocopy) tested Photocopy) tested Photocopy) te (if submitted to the college where admission is taken by of the same duly attested by issuing authority or collect online payment portal link' available on the eceipt of SBI collect payment. Please note that other ted.  ion letter of Institute where admission is taken, in which University this Institute is affiliated to.  In (Self Attested Photocopy) The Exam Score Card (Self Attested Photocopy)
Date:/20	Signature of Student

[This application must be submitted directly to the University office]