

**Application for ‘University No Objection Certificate’ for Internship Transfer  
(Version 2021/05)**

To:

**Registrar**

MGM Institute of Health Sciences, Navi Mumbai

Respected Sir,

I hereby request you to issue me a “**No Objection Certificate for Internship Transfer**” On the basis of Merit:  / Medical Ground:

Duration of externship period: in months \_\_\_\_\_: From date \_\_\_\_\_, to \_\_\_\_\_,

My personal details are given below:

**1) Name of Candidate** : \_\_\_\_\_  
(As mentioned in the final year/Last semester examination Mark Sheet)

**2) Email ID:** \_\_\_\_\_ **Mobile No.** \_\_\_\_\_

**3) Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4) P.R. No.** : 

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**5) Course title** : \_\_\_\_\_

**6) Month & Year of passing final exam** : 

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**7) Name and Address of Relieving College / Hospital:** \_\_\_\_\_  
\_\_\_\_\_

**8) Name and address of the Relieving University:** \_\_\_\_\_  
\_\_\_\_\_

**9) Name and Address of Receiving College / Hospital:** \_\_\_\_\_  
\_\_\_\_\_

**10) Name and address of the receiving University:** \_\_\_\_\_  
\_\_\_\_\_

**Each of the following documents are mandatory and must be attached along with this application form otherwise application form will be rejected without any intimation.**

**(i)** Pay Rs.1000/- through ‘SBI Collect online payment portal link’ available on **www.mgmuhs.com** and attach e-receipt of SBI collect payment. **Please note that other mode of payment will not be accepted :** Attached Yes  No

**(ii)** Original No Objection Certificate (*Under signature of the Dean/Director/Principal with sealed*)

a. Relieving College / Hospital: Attached Yes  No

b. Receiving College / Hospital: Attached Yes  No

**(iii)** Original MCI Recognized letter (*Under signature of the Dean/Director/Principal with sealed*):

a. Relieving College / Hospital: Attached Yes  No

b. Receiving College / Hospital: Attached Yes  No

**(iv)** Original Medical Certificate if transfer is required on Medical Ground:

Attached Yes  No

Thanking you,

Date: ...../...../20

Signature of Student

Checked By:.....

Forwarded By .....  
(Dean/Director/Principal)

Date: ..... /...../20