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

Application for Migration Certificate (version 2018/10)

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)			
		2) Email ID:	Mobile No.:
		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 Certifica (Please Tick)			
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) Final Semester / year Statement of Marks. (Self Attested Photocopy) (ii) Degree / Passing Certificate. (Self Attested Photocopy) (iii) Original Transfer/Leaving Certificate (if submitted to the college where admission is taken than mandatory to submit photocopy of the same duly attested by issuing authority or receiving authority) (iv) Pay Rs.1000/- through 'SBI Collect online payment portal link' available on www.mgmuhs.com and attached e-receipt of SBI collect payment. Please note that other mode of payment will not be accepted. (v) Original Bonafide Certificate/Admission letter of Institute where admission is taken, in which it should also be mentioned to which University this Institute is affiliated to. (vi) Internship completion certificate, if any (Self Attested Photocopy) (vii) "Alumni Association Registration" fee receipt (photocopy)			
	Thanking you,		
Date:/20	Signature of Student		