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

Application for Verification of University Certificate (Photocopies/Original) (Version 2019/03)

To: Registrar		
MGM Institute of Health Sciences, Navi Mumbai 1. Name of Applicant (Full name of person who is applying) (If applicant is Institution / Company / Third party write full name of Institution / Company / Third party)		
2. Details of Institution/Company/Third Party (in case of a Party)	pplicant is Institution/Company/Third	
Email ID:	Contact No.:	
Fax No Website:		
Address:		
3. Details of candidate whose documents are to be verified Name of Candidate:		
Email ID:		
Name of College / School:		
Name of Course:		
Month & Year of completion of Course:		
P. R. No.		
4. Please tick the appropriate box below [which type of doc	cument to be verified]:	
Statement of Marks: [Total Copies:]	Photocopy Original	
Degree Certificate:	Photocopy Original	
University Internship Completion certificate:	Photocopy Original	
Passing Certificate	Photocopy Original	
	[Total Documents:]	

5. Receiving Mode of verified documents: - (Please tick the appropriate box below)	
• By Hand	By Post: Within India /Outside India
• By Email (Scanned Copies)	
(If applicant wants to receive their address below)	r verified documents by post, please mention the complete postal
(i) Pay fees Rs. 1500/- (per www.mgmuhs.com). After s	is mandatory and must be attached along with this application will be rejected without any intimation. document) through SBI Collect online payment portal (go to successful payment, please attach e-receipt of SBI collect payment note that other mode of payment will not be accepted.
Rs. 2,500/- (as a postal cha payment, please attach e-rece	their verified documents by post outside India, he/she needs to pay arges) through SBI Collect online payment portal. After successful eipt of SBI collect payment with the application. (No postal charges ase note that other mode of payment will not be accepted.
(iii) Photo copy of the documents	which needs to be verified must be clear & readable.
Date:	Signature of Candidate (In case student is applying)
Declaration by the Institution/Control (Control	ompany/ Third party (in case applicant is Institution/Company/
I, Mr. /Ms.	
in the capacity of	hereby declare that we
	attached certificate/s. In case the document/s is/are found to be fake /
	initiate disciplinary/legal action against the candidate and we will
extend full cooperation in disciplinar	ry/legal investigation.
Date:	Authorized Signature (Institution / Company / Third party) Seal: