Application for Bonafide Certificate (Version 2026/03)

To:
Director
MGM School of Biomedical Sciences
Kamothe, Navi Mumbai – 410 209

Respected Sir/Madam,

I firmly request you to issue me a "**Bonafide Certificate**" as early as possible. 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) Father's Full Name : ……
3) Mother's Full Name : ……
4) Email ID: …… Mobile No: ……..
5) Address: ……
……
6) Date of Birth : ……../……/……..
7) Month & Year of Admission : ……../……..
8) Month & Year of Completion of Course : ……/…….
9) P. R. No :……
10) Name of College / School :……
11) Program Name :…….
12) Last exam held in :…….
13) Internship Start Date :…...../…..……/…….. End Date :……..../……../……
14) Purpose of Application :……

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 year / Semester Statement of Marks. (Attested Photocopy)
(ii) Degree / Passing Certificate. (Attested Photocopy)
(iii) 12th Leaving Certificate (Attested Photocopy) for Bachelor applicant
(iv) Bachelor Leaving Certificate (Attested Photocopy) for Master applicant
(v) Birth Certificate (Attested Photocopy)
(vi) Pay Rs. 500/- through "SBI Collect" online payment portal under "MGM School of Biomedical Sciences, Navi Mumbai- Miscellaneous receipt." link is https://onlinesbi.sbi.bank.in/sbicollect/ Please not that other mode of payment will not be accepted.

Thanking you, Yours' faithfully,

Date: ……/……/20 Signature of Student

Approved By ……... Date: …... /……/20
Director)