Application for Corrections / Changes in name / DOB / Any other in University Certificate / Document (Version 2019/04)

University office use only:
- Request received to University within 10 days of PRN generation ☐
- Request received to University beyond 10 days of PRN generation ☐

To:

Registrar

MGM Institute of Health Sciences, Kamothe

Navi Mumbai – 410 209

Respected Sir/Madam,

I hereby request you to make change / correction in my Name / Date of Birth / my Father's / Mother's

Name / Other correction (specify):_____ in my University

Certificate / Document_____

(Mention the name of Certificate/ Document)

from_____

(Mention the misprinted / mis-spelled / existing old name / DOB / etc.)

to_____

(Please mention the correct / new name / DOB / etc.)

My personal details are given below:

    1) Name of Candidate   : _____

    2) Name of program   : _____

    3) Email ID: _____ **Mobile No**.: _____

    4) Address: _____

    _____

    5) P.R. No.   : ☐☐☐☐☐☐☐☐☐☐☐

    6) Name of College / School   : _____

    7) Month & Year of completion of Course: ☐☐ ☐☐☐☐
      (In case of passed out student)

Instructions to the candidate:

(i) Application form is to be submitted through respective Institute Head if student is pursuing the course at the time of application. If student is already passed out than application form can be submitted directly to the University office.

(ii) Please attach the Certificate (if any) in original on which correction is required.

(iii) Please attach the proof of valid supporting documents on which correct details are mentioned *(for example previous qualifying Mark sheet or Gazette copy of Government)*. Without valid supporting document University cannot make any correction.

(iv) **Correction charges:**
    a. Rs. 1000/- for correction in University Database only
    b. Rs. 1000/- for correction in University documents (except Degree Certificate)
    c. Rs. 5000/- for correction in Degree Certificate

(v) Please pay correction charges 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**.

(vi) No charges will be applicable in following conditions:-
    a. If the application is received within 10 days of PRN generation.
    b. If correction is due to mistake of University staff.

Thanking you,

Date: ……/……/20   Signature of Student

_____

(To be filled if student is perusing the course)

Checked By:…………………………………

Forwarded By ……………………………….....   Date: …... /……/20
            (Dean/Director/Principal)