

## MGM INSTITUTE OF HEALTH SCIENCES

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## MGM UG CET -2015 (MBBS) **Application for Verification of Marks**

Name	·							
Address	:							
Resident No:			Mobile No: .					
MGM UG C	ET –2015 (M	BBS) Detai	ls:					
Seat/Roll No			Application 1	No				
DD No	Name o	of Bank:			• • • • • •	. Date	. /	/2015
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Date:								
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•		_	to be sent at above	mentic	ned a	addres	s of	
University on	or before 05/0	6/2015. 						
		ACKNO	OWLEDGEMENT					
Received appl	ication form	for verification	on of marks of MC	GM UC	CE	Γ - 20	15 (M	BBS)
along with DI	of Rs	from M	r/Ms	•••••				•••••
MGM UG CE	T - 2015 (ME	BBS) Seat No	o:	. Appli	icatio	on No:	:	•••••
Date:			Stamp & Sig	nature	of Re	eceivi	ng Aut	hority