

Application Format for Bonafide/NOC/Attempt Certificate

Name :
Academic year :
Course:
Contact No.
Date :

To,
The Dean,
Grant Government Medical College,
Mumbai - 400008.

Subject - Application for Bonafide/NOC/Attempt Certificate

Respected Sir/Madam

I _____ admitted for MBBS course for the
academic year_____. I passed my final MBBS examination in the month
of _____.

I want this certificate for the purpose of _____.

Please kindly issue the same.

Thanking You,

Yours Sincerely

Encl -

1. All 4 years M.B.B.S. Marksheets.
2. Passing Certificate
3. ICC Certificate
4. Fee Receipt of Rs 250/-