

डॉ.वैशंपायन स्मृति शासकीय वैद्यकीय महाविद्यालय, सोलापूर
DR.V.M.GOV.T. MEDICAL COLLEGE, SOLAPUR, MAHARASHTRA.

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NO.VMGMC/UG/BONDED CERT./

/2025

DATE: / /2025

BONDED-CERTIFICATE

This is to certify that, Mr./Miss. _____, was a bonafide student
of this Institute **Since-** _____. He/She is Passed M.B.B.S. Degree Examination Held in
_____ of Maharashtra University of Health Sciences, Nashik.

He/She is Bonded Candidate for the period of **One Year** to serve
Government of Maharashtra after completion of his/her studies.

DY-Dean,
Dr. V.M. Govt. Medical College,
Solapur

To,
Mr./Miss. _____,
Solapur