

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICATION FOR MCI RECOGNITION CERTIFICATE

TO,  
THE DEAN,  
DR.V. M. GOVT. MEDICAL COLLEGE,  
SOLAPUR.

**SUB:** REGARDING MCI RECOGNITION CERTIFICATE.

**RESPECTED SIR,**

My details are as below,

1. **Name of the student:** \_\_\_\_\_
2. **Admitted in academic year (Batch):** \_\_\_\_\_
3. **Current class/Term /if Pass out Examination Detail:** \_\_\_\_\_

**Attached Documents:**

- 1: Provisional Admission letter & Office Order copy (Yes/No).
- 2 P.G course: Photocopy of Passing/Final Year marksheet (Yes/No).
- 3: HOD recommendation letter (Yes/No).

**Note:**

- 1: Take a printout of the same and submit to inward desk.
- 2: Please pay rupees 100/- at college cashier and attach photocopy of the same.
- 3: Please preserve a photocopy of the application stamped at the inward desk.
- 4: Time required: Seven working days from the date of Inward desk.

**Signature of the student**

**Mob. No.:**