

**DR.V.M.GOVT. MEDICAL COLLEGE, SOLAPUR**

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No. VMGMC/PG/ Certificate/

/2025

Date: / /2025

**B O N A F I D E - C E R T I F I C A T E .**

This is to certify that **Dr. ....** has been a 'Bonafide Post-Graduate **Degree Student**', registered for **M.D.General Medicine** course at this institution and has joined this institute for the said course on / /2020.

This certificate is being issued for Academic Purposes only.

**Dy.Dean**

Dr .Vaishampayan Memorial Government  
Medical College, Solapur

To

**Dr. ....**

Department of Gen. Medicine, Dr.V.M.G.M.C., Solapur