Before applying, please check on www.mgmuhs.com that latest version of the form is being used

To:

The Registrar MGM Institute of Health Sciences Navi Mumbai

1.	Son/Daughter/Wife
	bearing P. R. No h
	to MGMIHS and una
to come 'in person' due to	to collect the sai
Therefore, I am hereby authorizing Mr	Mrs./Miss.*
Relation	collect on
behalf.	
Candidate Photograph	Representative Photograph
Signature of Candidate I also state that. I shall be fully response	Signature of Authorized Prosible for this document once it is handed over to

- Representative/Authorized person should be a Father/Mother/Elder Brother/Elder Sister/Elder Brother In Law/ Elder Sister In Law.
- Attach photocopy of any ID proof (Issued by Government Authority) of the Representative / Authorized Person.

[The Representative/Authorized person must bring the above ID proof in original for verification at the time of documents collection]

[Authority letter must be produced in original only]