**Government Medical College, Surat**

**UG Bonafide Certificate Form**

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| --- | --- |
| **Student Name**  **(As per Marksheet)** |  |
| **Admission Year** |  |
| **Current Year** | 2nd Year  1st Year  3rd Part-2  3rd Part-1 |
| **Batch Number** |  |
| **Roll Number** |  |
| **Admission Quota** | All India Quota  State Quota |
| **Hostel** | Yes  No |
| **Purpose of Bonafide** |  |
| **Contact Number** | +91 |

* **Required Documents**

1. Tution Fee Receipt
2. Gym Khana Fee Receipt
3. Hostel Fee Receipt (if Applicable)
4. Last Examination Marksheet

Student Sign :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Date :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_