**Government Medical College, Surat**

**UG Bonafide Certificate Form**

|  |  |
| --- | --- |
| **Student Name****(As per Marksheet)** |  |
| **Admission Year** |  |
| **Current Year** | 2nd Year1st Year3rd Part-23rd Part-1 |
| **Batch Number** |  |
| **Roll Number** |  |
| **Admission Quota** | All India QuotaState 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 :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_