Format for NOC from "Head of Institute" to obtain Passing Certificate

(On the Institute letter head)

Ref. No._____

To:
Controller of Examinations,
MGM Institute of Health Sciences, Navi Mumbai

Sir/Madam,

Dr./Mr./Ms._____
(Name of student)

was a bonafide student of _____
(Name of School/College and

admitted in the program _____
(Name of program)

in the academic year_____and has completed the said program by appearing

in the University exam held in _____, _____.
(Month) (Year)

This NOC is being issued to him/her after verifying all academic/administrative/financial records at the school/college level.

You are therefore requested to consider his/her application for passing certificate.

_____
(Stamp and sign of Institute Head)

Date: