Name: _____

Hostel Room No. _____

Year: _____

Govt. Dental College & Hospital, Jamnagar

Mob. No.: _____

Date: _____

To
The Dean
Govt. Dental College & Hospital
Jamnagar

Sub: Application for

(1) ☐ Attempt & Recognition certificate (2) ☐ Character certificate

(3) ☐ Course completion certificate (4) ☐ Experience certificate

(5) ☐ Letter of Recommendation (LOR)

Respected Madam,

I Dr. _____ Joined as Post Graduate Student in the Department of _____, Batch _____ on date _____. I Passed my MDS Part – 1 Exam on date _____ & Part – 2 Exam on Date _____. I have Completed my three years of Post Graduate Study on Date _____.

So, kindly provide me above mentioned Certificates.

Kindly do needful & oblige.

Thanking you.

Your Sincerely

(_____)

Document Attach:.

1) Admission Order/Allotment Letter Xerox.
2) 1st & 3rd MDS mark sheet Xerox.
3) Hostel TABA Receipt
4) Hostel NOC.
5) Library NOC.
6) Departmental NOC
7) 1st to 3rd MDS fees Receipt.

Attach Fees Receipt Xerox:

1) Letter of Recommendation (LOR) (Rs.1000/- Fees Receipt)

Name: _____

MDS ☐

Batch:- _____

Govt. Dental College & Hospital, Jamnagar

Date: _____

To,
The Dean
Govt. Dental College and Hospital
Jamnagar.

Subject:- Refund of Deposit.

Respected Madam,

As I have completed/cancelled my MDS admission in subject of _____ year. I wish to withdraw my deposit paid at the time of admission as mentioned below Details of fees and receipt number as per below.

Sr. No.	Head of Fees	Receipt Number	Receipt Date	Deposit in Rs.	Signature of Student

Kindly arrange to refund my deposit to the bank account mentioned below:

- **Bank Name:** _____
- **Bank Account Number:** _____
- **IFSC Code:** _____
- **Branch Name:** _____

As mentioned above, I have attached the original deposit receipt herewith for your reference.

Address:- _____

_____Pincode:_____

Mob. No._____

Yours sincerely

(_____)

Document Attach:

1) Deposit Original Receipt.
2) Bank Passbook Xerox.