MAHATMA GANDHI
POSTGRADUATE INSTITUTE OF DENTAL SCIENCES
GOVT. OF PUDUCHERRY INSTN.
PUDUCHERRY- 605 006

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No. 453/MGPGIDS/Aca-2/2025-26/824 Date: 15 JUL 2026

# CIRCULAR

It is informed that application forms for the issue of various certificates have been uploaded on the Institute website for the benefit of existing students, staff (where applicable), and passed-out students.

All applicants are requested to download the prescribed application form from the Institute website, fill in all the columns neatly and legibly, and submit the duly completed application along with the prescribed fee. Applications submitted in any format other than the prescribed application form will not be entertained henceforth.

The prescribed fees for various certificates for passed out students are as follows:

| Sl. No. | Type of Certificate | Fees |
|---|---|---|
| 1 | Bonafide Certificate | ₹ 500/- |
| 2 | Attempt Certificate | ₹1000/- |
| 3 | Official Transcripts | ₹ 5,000/- |
| 4 | Medium of Instruction Certificate | ₹ 500/- |
| 5 | Verification Certificate | ₹ 500/- |
| 6 | Dean's Letter | ₹ 500/- |
| 7 | Duplicate Certificate | ₹ 500/- |

For Existing Staff/Students and Passed-out Students

| Sl. No. | Type of Certificate | Fees |
|---|---|---|
| 1 | Ethical Clearance Certificate | ₹ 500/- |

The prescribed fee shall be remitted to the Institute's bank account as detailed below:

Bank: HDFC Bank
Account Name: Mahatma Gandhi Postgraduate Institute of Dental Sciences
Account No.: 50100491131781
IFSC Code: HDFC0000407

The payment receipt/challan shall be enclosed along with the duly filled-in application form.

The application forms may be downloaded from either of the following Institute websites:

- https://mgpgi.py.gov.in
- https://mgpgi.edu.in

This shall come into force with immediate effect.

(Dr. S.P.K. KENNEDY BABU)
DEAN

**MAHATMA GANDHI POST GRADUATE INSTITUTE OF DENTAL SCIENCES**
**GOVT. OF PUDUCHERRY INSTITUTION**
**PUDUCHERRY – 605 006**
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## APPLICATION FORM FOR ISSUE OF VARIOUS CERTIFICATES FOR EXISTING STUDENTS

1. Name of the Student :
2. Father/ Mother Name :
3. Course :
4. Speciality :
5. Year Presently studying :
6. Day Scholar or Hosteller :
7. Type of Certificate :
8. Purpose of Certificate :
   (Submit relevant supporting documents)
9. In case of Educational Loan, mention the name of the Bank and Branch :
10. In case of Scholarship, mention the Department/ Firm alongwith the application :
11. Mobile No. & Email Id :

Place:
Date: Signature of the Student

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## ACKNOWLEDGEMENT FOR RECEIPT OF CERTIFICATE

Name of the Student :

Certificate Requested :

Date of receipt of certificate :

Signature of the Student

**MAHATMA GANDHI POST GRADUATE INSTITUTE OF DENTAL SCIENCES**
**GOVT. OF PUDUCHERRY INSTITUTION**
**PUDUCHERRY – 605 006**
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## APPLICATION FORM FOR ISSUE OF ETHICAL CLEARANCE CERTIFICATE FOR EXISTING / PASSED OUT STUDENTS (MDS) AND STAFF

Name of the Applicant :

MDS Speciality & Year :

Date of Admission :

Date of Completion :

University Register No. :

Dissertation/ Thesis Title :

Short Study Title :

Name of the Guide :

Date of IRB meeting :

Date of IEC meeting :

| Type of Certificate | Fees | Remarks |
|---|---|---|
| Ethical Clearance Certificate | ₹ 500/- | Enclose the Dissertation/Thesis/ Short study title copy |

Account details : A/c. No. 50100491131781, HDFC Bank, IFSC Code-HDFC0000407

Amount Remitted & Date (Attach challan copy) :

Mobile No. & Email Id :

Communication Address :

Signature of the Applicant

Note:

1. The certificate may be collected either in person or through authorised person
2. Self addressed stamped envelop should be submitted for certificate to be sent directly to the required Institution / Country

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ACKNOWLEDGEMENT FOR RECEIPT OF CERTIFICATE

Name of the applicant :

Certificate Requested :

Date of receipt of certificate :

Signature of the Applicant

4 Fee Fixation Comm...

**MAHATMA GANDHI POST GRADUATE INSTITUTE OF DENTAL SCIENCES**
**GOVT. OF PUDUCHERRY INSTITUTION**
**PUDUCHERRY – 605 006**
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## APPLICATION FORM FOR ISSUE OF VARIOUS CERTIFICATES FOR PASSED OUT STUDENTS

Name of the Applicant :

Father Name :

Course completed : BDS / MDS / Diploma

Speciality :

University Register No. :

Type of Certificate :

Reason for which Certificate required :

Date of Admission :

Date of Completion :

Period of Internship : From _____ to _____

Fees Details :

| Sl. No. | Type of Certificate | Fees | Remarks |
|---|---|---|---|
| 1 | Bonafide Certificate | ₹ 500/- | Attach self-attested photocopies of the supporting certificates. |
| 2 | Attempt Certificate | ₹1000/- | |
| 3 | Official Transcripts | ₹ 5,000/- | |
| 4 | Medium of Instruction Certificate | ₹ 500/- | |
| 5 | Verification Certificate | ₹ 500/- | |
| 6 | Dean's Letter | ₹ 500/- | |
| 7 | Duplicate Certificate | ₹ 500/- | |
| 8 | Any other Certificate | ₹ 500/- | |

Account details : A/c. No. 50100491131781, HDFC Bank, IFSC Code-HDFC0000407

Amount Remitted & Date (Attach challan copy) :

Mobile No. & Email Id :

Communication Address :

Signature of the Applicant

Note:

1. The certificate may be collected either in person or through authorised person
2. Self addressed stamped envelop should be submitted for certificate to be sent directly to the required Institution / Country

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## ACKNOWLEDGEMENT FOR RECEIPT OF CERTIFICATE

Name of the applicant :

Father Name :

Certificate Requested :

Date of receipt of certificate :

Signature of the Applicant