



VINAYAKA MISSION'S
RESEARCH FOUNDATION
(Deemed to be University under section 3 of the UGC Act 1956)



VINAYAKA MISSION'S
SANKARACHARIYAR
DENTAL COLLEGE

REQUEST FORM

Date:-

To

Respected Sir,

As I need the following certificate/s for the purpose of _____

_____.

Kindly issue the same at the earliest.

Certificate/s requested 1. _____.

2. _____.

3. _____.

Thanking you,

Yours Sincerely,

Note: -Submit along with Annexure – I to : dean@vmsdc.edu.in