

INTERNSHIP COMPLETION CERTIFICATE

To be furnished by the candidate whose 12 months Compulsory Rotating Internship has not been completed till the time of submission of the application, but whose internship is likely to be completed on or before 30/04/2016

Certified that Ms. / Mr. _____ was a student of MBBS/BDS course of this Institute / College from _____ to _____ And has passed the final professional examination held in _____.

He / She is presently undergoing 12 months Compulsory Rotating Internship Training which started on _____ and is likely to be completed on _____.

(*) The compulsory Rotating Internship Period must be of 12 complete months and not less even a single day under any circumstances e.g. 5.4.2015 to 4.4.2016. no condonation of internship shall be accepted.

Application No.

Place: _____

Signature of Dean / Principal / Head of the Institution

Date: _____

Seal