

COLLEGE LETTER HEAD

Letter No.....

Date.....

INTERNSHIP CERTIFICATE

(To be submitted by the candidate whose Internship is complete or likely to be completed by 31st March 2019.)

Certified that Dr. _____ is a bonafied student of this Institution and has undergone/presently been undergoing 12 months compulsory Rotating Internship Training which started on _____ and has completed or is likely to be completed on _____.

Place : _

Date : _

Signature & Seal of
Dean/Registrar/Principal of the Institution
from where the candidate done his/her
MBBS/BDS

NB: There is no need to fill the above certificate in case the Medical/Dental College/ Institute has already issue the internship certificate.