Application FORM for Internship Completion Certificates (UG)

To The Principal, Agartala Govt. Medical College

Subject:- Prayer for obtaining - Internship Completion, Attempt & College Leaving Certificates.

Respected Sir/Madam,

I would like inform you that, I have passed the MBBS Final Examination (Third Professional, Part-II) and also completed the One Year Internship and submitting herewith the Log Book of Internship along with Hostel, Library & Accounts Clearance Certificate and photocopies of my Mark-Sheets and 03(three) copies of my recent photograph for obtaining the above mentioned certificates from your end.

My Activities/Performance/Achievements at a glance:-

1	Name :				
2	Date of Admission :				
3	University Roll No.				
4	Month & Year of Passing Out (Final Exar	n.) :	100		
5	Subject wise Attempt(s) to pass the Differ Subject				
i	Anatomy		La		
ii	Physiology		21/1		
iii	Biochemistry	the second	11. 400		
iv	Pharmacology		MALE NO		
v	Pathology				
vi	Microbiology	Link .			
vii	Forensic Medicine		/.		
viii	Community Medicine				
ix	E.N.T.	Contract of the second	-		
x	Ophthalmology	1000			
xi	General Medicine				
xii	General Surgery				
xiii	Obstetrics & Gynaecology				
xiv	Paediatrics				
6	Provisional Registration No. of State N	Medical Council			

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_	Roll No. (Internship) Internship		on	Internship Completed on			
7							
8	Department-wise Period of Completion of Internship and achievements (Grade):-						
S1.	DEPARTMENT		PERIOD		Grade		
No.			From	То			
i	Community Medicine						
ii	General Medicine						
iii	Psychiatry						
iv	Paediatrics						
v	General Surgery	and the second second					
vi	Anaesthesiology & Critical C	Care					
vii	Obstetrics & Gynaecology ir Welfare & Planning	cluding Family	27				
viii	Orthopaedics including Phys Medicine & Rehabilitation (1		. N		15		
ix	Emergency/Trauma/Casual	ty					
х	Forensic Medicine & Toxico	logy		0	1		
xi	Dermatology				100		
xii	Otorhinolaryngology (ENT)	(2)					
xiii	Ophthalmology (Eye)	100					
xiv	Electives (Ayurvedic/Homo	eopathic)	- /-	100			
xv	Electives (Radiology)		~~~	71 9 2			
xvi	Electives (Respiratory Medie	cine)	12-11	11			

I do hereby declare that all the details furnished above are true to the best of my knowledge and belief. The application may automatically be rejected, if any false found in my above statement.

Yours faithfully,

Enclo:-

Full Signature with Date

Contact No. e-mail ID :