

SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,
WANADONGRI ROAD, HINGNA , DIST- NAGPUR-441110

Annexure-I

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Application

To,
The Dean
Swargiya Dadasaheb Kalmegh Smruti
Dental College & Hospital,
Wanadongri Road, Hingna,
Dist-Nagpur-441110

Date:- .../.../20...

Sub :- Issue of Internship Completion Certificate /Attempt Certificate

Respected Sir,

I _____ Intern admitted in the Academic year
Batch _____ have completed my Internship on _____ 20____. Kindly issue
me ICC & Attempt Certificate.

Interns Incharge

Student Name

Dean

Student Sign