

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

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Annexure-II

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 Original Documents**

Respected Sir,

I \_\_\_\_\_ Intern admitted in the Academic year  
Batch \_\_\_\_\_ have completed my Internship on \_\_\_\_\_ 20\_\_\_\_. Kindly issue  
me following documents.

**The List of Documents is as follows:-**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Student Name**

**Dean**

**Student Sign**