

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

Annexure - III

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

(This annexure to be submitted to account section Separately)

Mr. / Miss. _____ From Interns Batch

_____ Wants a "Clearance Certificate".

1.Account Section: -

a) Tuition Fee : Rs. _____ Sign: - _____

2. Student Section : Rs. _____ Sign: - _____

3. Hostel: - Rs. _____ Sign: - _____

4. Library: - Rs. _____ Sign: - _____

5. Mess: - Rs. _____ Sign: - _____

Signature of the student

Date:-

The above Interns has cleared all the formality for the clearance hence we can issue the "CLEARANCE CERTIFICATE" to the above Students.

For, **Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital**

DEAN