

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

Annexure-IV

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Mr. / Miss. _____ From Interns Batch _____
_____ Wants a "Clearance Certificate"

➤ **DEPARTMENTS:-**

- | | | |
|------------------------|-----------|--------------------|
| 1. PROSTHODONTICS | Rs. _____ | Sign & Stamp _____ |
| 2. CONSERVATIVE:- | Rs. _____ | Sign & Stamp _____ |
| 3. PEDODONTICS | Rs. _____ | Sign & Stamp _____ |
| 4. ORAL SURGERY | Rs. _____ | Sign & Stamp _____ |
| 5. PERIODONTICS | Rs. _____ | Sign & Stamp _____ |
| 6. ORTHODONTICS | Rs. _____ | Sign & Stamp _____ |
| 7. ODMR | Rs. _____ | Sign & Stamp _____ |
| 8. COMMUNITY DENTISTRY | Rs. _____ | Sign & Stamp _____ |
| 9. DADH | Rs. _____ | Sign & Stamp _____ |
| 10. GEN. MEDICINE | Rs. _____ | Sign & Stamp _____ |
| GEN. SURGERY | Rs. _____ | Sign & Stamp _____ |
| 11. ORAL PATHOLOGY | Rs. _____ | Sign & Stamp _____ |
| 12. LOCKERS | Rs. _____ | Sign & Stamp _____ |

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 Interns.

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

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