

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Name of The Interns : \_\_\_\_\_

Details of Posting in Each Department

Department	Period	Extension	Faculty Name	Sign & Stamp
1. Oral Surgery -	_____ to _____	_____ to _____	_____	_____
2. Prosthodontics:-	_____ to _____	_____ to _____	_____	_____
3. Conservative	_____ to _____	_____ to _____	_____	_____
4. Community	_____ to _____	_____ to _____	_____	_____
5. Oral Pathology	_____ to _____	_____ to _____	_____	_____
6. Gen. Medicine & Gen. Surgery	_____ to _____	_____ to _____	_____	_____
7. Periodontics	_____ to _____	_____ to _____	_____	_____
8. Pedodontics	_____ to _____	_____ to _____	_____	_____
9. Orthodontics	_____ to _____	_____ to _____	_____	_____
10. Oral Diagnosis & Radiology	_____ to _____	_____ to _____	_____	_____

For, Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital,

DEAN