

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Name of the Interns: \_\_\_\_\_

Details of Posting in Each Department

Department	Extension Period	No. of Days absent During on Extension Period	HOD's remark ( if any)	HOD sign.
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