

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

Annexure-VII

PROFORMA FOR INTERNSHIP COMPLETION CERTIFICATE

(This annexure to be submitted to account section separately)

Application for Caution Money

**To,
The Dean
Swargiya Dadasaheb Kalmegh Smruti
Dental College & Hospital,
Wanadongri Road, Hingna,
Dist-Nagpur-441110**

Date:- .../.../20...

I, _____ the undersigned student of Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital admitted in batch _____ submitting that I had paid Rs _____ as caution money.

In View of above

a) Details of caution money (Receipt No. & Date) _____

b) Details of due if any _____

I hereby undertake that the information submitted by me is true at the best of my knowledge. In case of any false information, collage authority to take appropriate action against me.

Student Name

Dean

Student Sign