

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

CLEARANCE CERTIFICATE (ANNEXURE-I)

Mr. / Miss. _____ From **MDS**____ Year
of Batch **20**____ Wants a “**CLEARANCE CERTIFICATE**”.

1. Account Section: -

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

Signature of the Student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date:-

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

CLEARANCE CERTIFICATE (ANNEXURE-II)

Mr. / Miss. _____ From **MDS**____ Year
of Batch **20**____ Wants a “**CLEARANCE CERTIFICATE**”.

➤ **DEPARTMENTS:-**

- | | | |
|--------------------|-----------|--------------|
| 1. Prosthodontics | Rs. _____ | Sign:- _____ |
| 2. Conservative :- | Rs. _____ | Sign:- _____ |
| 3. Pedodontics | Rs. _____ | Sign:- _____ |
| 4. Oral Surgery | Rs. _____ | Sign:- _____ |
| 5. Periodontics - | Rs. _____ | Sign:- _____ |
| 6. Orthodontics:- | Rs. _____ | Sign:- _____ |
| 7. ODMR | Rs. _____ | Sign:- _____ |
| 8. Oral Pathology | Rs. _____ | Sign:- _____ |

Signature of the student

Date:-

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date:-

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

CLEARANCE CERTIFICATE (ANNEXURE-III)

Mr. / Miss. _____ From **MDS** _____

Year of Batch **20**_____ Wants a “**CLEARANCE CERTIFICATE**”.

➤ **Attendance - Satisfactory/Not Satisfactory**

Signature of the Student

Date:-

Signature of Guide

Signature of HOD

The above student has cleared all the formality for the clearance hence we can issue the
“**CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL,**

DEAN

Date:-

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

CLEARANCE CERTIFICATE (ANNEXURE-IV)

Mr. / Miss. _____ From **MDS** ____ Year
of Batch **20** _____ Wants a “**CLEARANCE CERTIFICATE**”.

1. Student Section :-

a) Enrollment Fee Rs. _____ Sign:- _____

b) Exam Fee Rs. _____ Sign:- _____

2. **Hostel:-** Rs. _____ Sign:- _____

3. **Library:-** Rs. _____ Sign:- _____

4. **Mess :-** Rs. _____ Sign:- _____

Signature of the Student

Date:-

Signature of Student Section Incharge

The above student has cleared all the formality for the clearance hence we can issue the “**CLEARANCE
CLEARANCE CERTIFICATE**” to the above student.

For, **SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE & HOSPITAL**

DEAN

Date:-

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

(ANNEXURE-V)

PROFORMA FOR INTERNSHIP COMPLETION CERTIFICATE

(This annexure to be submitted to account section separately)

Application for Caution Money

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

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

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, college authority is empowered to take appropriate action against me.

Student Name

Dean

Student Signature