

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

CLEARANCE CERTIFICATE (ANNEXURE-II)

Mr. / Miss. _____ From **BDS 1st** Year of
Batch **20** _____ Wants a “**CLEARANCE CERTIFICATE**”.

DEPARTMENTS:-

1. Anatomy: - Rs. _____ Sign:- _____

2. Physiology: - Rs. _____ Sign:- _____

3. Biochemistry: - Rs. _____ Sign:- _____

4. DADH:- 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 **BDS 1st** Year of

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

➤ **Attendance - Satisfactory/Not Satisfactory**

Signature of the Student

Date:-

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

DEAN

Date:-

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WANADONGRI ROAD, HINGNA , DIST- NAGPUR**

CLEARANCE CERTIFICATE (ANNEXURE-IV)

Mr. /Miss. _____ From **BDS 1st** Year of
Batch **20**_____ Wants a “CLEARANCE CERTIFICATE”.

➤ STUDENT COUNCIL SECRETARY SIGNATURE

Signature of the Student

Date:-

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WANADONGRI ROAD, HINGNA , DIST- NAGPUR**

CLEARANCE CERTIFICATE (ANNEXURE-V)

Mr. /Miss. _____ From **BDS 1st** 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:-

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Date:-

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WANADONGRI ROAD, HINGNA , DIST- NAGPUR**

CLEARANCE CERTIFICATE (ANNEXURE-I)

Mr. / Miss. _____ From **BDS 2nd** Year of
Batch **20**____ Wants a “CLEARANCE CERTIFICATE”.

1. Account Section

a) Tuition Fee Rs. _____ Sign: - _____

Signature of the Student

Date:-

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

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CLEARANCE CERTIFICATE (ANNEXURE-I)

Mr. / Miss. _____ From **BDS 3rd** Year
of Batch **20**____ Wants a “CLEARANCE CERTIFICATE”.

1. Account Section: -

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

Signature of the Student

Date:-

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WANADONGRI ROAD, HINGNA, DIST- NAGPUR**

CLEARANCE CERTIFICATE (ANNEXURE-II)

Mr. / Miss. _____ From **BDS 3rd** Year
of Batch **20**____ Wants a “**CLEARANCE CERTIFICATE**”.

➤ **DEPARTMENTS:-**

- | | | | |
|-------------------|-----|-----------|--------------|
| 1. Oral Pathology | : - | Rs. _____ | Sign:- _____ |
| 2. Gen. Medicine | : - | Rs. _____ | Sign:- _____ |
| 3. Gen Surgery | : - | Rs. _____ | Sign:- _____ |

Signature of the student

Date:-

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Mr. / Miss. _____ From **BDS 4th** Year of

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➤ **DEPARTMENTS:-**

a) Conservative Dentistry Rs. _____ Sign: - _____

b) Prosthodontics Rs. _____ Sign: - _____

c) Periodontology Rs. _____ Sign: - _____

d) ODMR Rs. _____ Sign: - _____

e) Orthodontics Rs. _____ Sign: - _____

f) Oral Surgery Rs. _____ Sign: - _____

g) Public Health Dentistry Rs. _____ Sign: - _____

h) Pedodontics Rs. _____ Sign: - _____

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