

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

Annexure-I

PROFORMA FOR INTERNSHIP COMPLETION CERTIFICATE

Application

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

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

Sub :- Issue of Internship Completion Certificate /Attempt Certificate

Respected Sir,

I _____ Intern admitted in the Academic year
Batch_____ have completed my Internship on _____20____. Kindly issue
me ICC & Attempt Certificate.

Interns Incharge

Student Name

Dean

Student Sign

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

Annexure-II

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Application

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

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

Sub :- Issue of Original Documents

Respected Sir,

I _____ Intern admitted in the Academic year
Batch_____ have completed my Internship on _____20____. Kindly issue
me following documents.

The List of Documents is as follows:-

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Student Name

Dean

Student Sign

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

Annexure – III

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

(This annexure to be submitted to account section Separately)

Mr. / Miss. _____ From Interns Batch
_____ Wants a “Clearance Certificate”.

1.Account Section: -

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

2. Student Section : Rs. _____ Sign: - _____

3. Hostel: - Rs. _____ Sign: - _____

4. Library: - Rs. _____ Sign: - _____

5. Mess: - Rs. _____ Sign: - _____

Signature of the student

Date:-

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

For, **Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital**

DEAN

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

Annexure-IV

PROFORMA FOR INTERNSHIP COMPLETION CETIFICATE

Mr. / Miss. _____ From Interns Batch
_____ Wants a "Clearance Certificate"

➤ **DEPARTMENTS:-**

- | | | |
|------------------------|-----------|--------------------|
| 1. PROSTHODONTICS | Rs. _____ | Sign & Stamp _____ |
| 2. CONSERVATIVE:- | Rs. _____ | Sign & Stamp _____ |
| 3. PEDODONTICS | Rs. _____ | Sign & Stamp _____ |
| 4. ORAL SURGERY | Rs. _____ | Sign & Stamp _____ |
| 5. PERIODONTICS | Rs. _____ | Sign & Stamp _____ |
| 6. ORTHODONTICS | Rs. _____ | Sign & Stamp _____ |
| 7. ODMR | Rs. _____ | Sign & Stamp _____ |
| 8. COMMUNITY DENTISTRY | Rs. _____ | Sign & Stamp _____ |
| 9. DADH | Rs. _____ | Sign & Stamp _____ |
| 10. GEN. MEDICINE | Rs. _____ | Sign & Stamp _____ |
| GEN. SURGERY | Rs. _____ | Sign & Stamp _____ |
| 11. ORAL PATHOLOGY | Rs. _____ | Sign & Stamp _____ |
| 12. LOCKERS | Rs. _____ | Sign & Stamp _____ |

Signature of the student

Date:- The above Interns has cleared all the formality for the clearance hence we can issue the "CLEARANCE CERTIFICATE" to the above Interns.

For, **Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital**

DEAN

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

Annexure -V

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

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