

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

Annexure-I

PROFORMA FOR POST GRADUATE COMPLETION CERTIFICATE

Application

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

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

Sub: Issue of Post Graduate Completion Certificate /Attempt Certificate

Respected Sir,

I, _____, a Post Graduate student admitted to the Department of _____ in the Academic year Batch _____ have passed my Third Year Post Graduate examination on _____, 20____. Kindly issue me Post Graduation Completion & Attempt Certificate.

Head of the Department

Student Name

Dean

Student Sign

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

Annexure-II

PROFORMA FOR POST GRADUATE COMPLETION CERTIFICATE
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, _____, a Post Graduate student admitted to the Department of _____ in the Academic year Batch _____ have passed my Third Year Post Graduate examination on _____, 20____. Kindly issue me the 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 POST GRADUATE COMPLETION CERTIFICATE

(This annexure to be submitted to account section separately)

Mr. / Miss. _____ From Post Graduate
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: .../.../20...

The above post graduate student has cleared all the formalities 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 POST GRADUATE COMPLETION CERTIFICATE

Mr./Miss. _____ From Post Graduate Student
from the Department of _____ wants a "Clearance Certificate"

➤ **DEPARTMENTS:-**

1. Name of the Department: _____

Rs. _____

Sign & Stamp_____

2. Anatomy

Rs. _____

Sign & Stamp _____

3. Physiology

Rs. _____

Sign & Stamp_____

4. Biochemistry

Rs. _____

Sign & Stamp_____

5. General Medicine

Rs. _____

Sign & Stamp_____

6. Lockers

Rs. _____

Sign & Stamp_____

Signature of the student

Date:

The above post graduate student has cleared all the formalities for the clearance, hence we can issue the "CLEARANCE CERTIFICATE" to the above student.

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 POST GRADUATE COMPLETION CERTIFICATE

Application for Caution Money (Post Graduate)

**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