

ANNEXURE-I

INTERNSHIP CERTIFICATE

(To be submitted by the candidate whose Internship is complete or likely to be completed by 30th June / 31 December for July & January session respectively)

Certified that Dr. _____

has undergone/presently been undergoing 12 months compulsory Rotating Internship
Training at _____ college which started on _____ and has
completed or is likely to be completed on _____.

Place: _____

Date: _____

Signature & Seal of Dean/Registrar/
Principal/ Medical Superintendent of the
Institution from where the Candidate
is undergoing internship.

NB: There is no need to fill the above certificate in case the Medical College/ Institute has
already issue the internship certificate (Attach attested photocopy).