

From,

To,

Hospital Superintendent
Govt Homoeopathic Medical College Hospital
Kozhikode -10

Sir,

Sub : - Request for relieving after the completion of Internship training.

I,..... of Internship batch w.e.f
....., have completed my one year compulsory Internship on I have
completed dissertation work on
....., under the guidance of Dr.....
at the Department of and also submitted the
required cases to the corresponding departments. Hence I request you to permit me to relieve
and do the needful.

Yours faithfully

Date:

(Name & signature Of Applicant)

No Dues Certificate

Sl no	Particulars	Signature	Remarks if any
1	DISSERTATION AT DEPARTMENT		Submitted/ Not
2	DISSERTATION (AT SECTION CLERK, COLLEGE OFFICE)		Submitted/ Not
3	LOG BOOK (AT SECTION CLERK, COLLEGE OFFICE)		Submitted/ Not
4	CASE RECORD (AT SECTION CLERK, HOSPITAL OFFICE)		Submitted/ Not