

GOVT HOMOEOPATHIC MEDICAL COLLEGE

KOZHIKODE

For office use only

D.O.B :
ADMN NO :
D.O.A :
BATCH OUT :
INTERNSHIP : TO
T.C Details : dated

Request for Internship Completion and Transfer Certificate

I, (name) have completed my one year compulsory Internship on I submitted the required cases to the corresponding departments and have completed dissertation work on (name of dissertation), submitted to department of

I request you to issue my Internship Completion Certificate, Transfer Certificate, course certificate and all other submitted certificates.

Yours faithfully

Date:

(Name & signature Of Applicant)

No Dues Certificate

Sl no	Particulars	Signature	Remarks if any
1.	Department of Anatomy		
2.	Department of Physiology & Biochemistry		
3.	Department of Pharmacy		
4.	Department of Organon of Medicine		
5.	Department of Materia Medica		
6.	Department of Surgery		

7.	Department of Pathology & Microbiology		
8.	Department of Forensic Medicine & Toxicology		
9.	Department of Obstetrics & Gynecology		
10.	Department of Case Taking & Repertorisation		
11.	Department of Community Medicine		
12.	Department of Practice of Medicine		
13.	Library and E learning Centre		
14.	Hostel Rent (from Office)		
15.	Hostel (Warden)		Vaccated (yes / no)
16.	CASE RECORD SUBMISSION (AT SECTION CLERK, HOSPITAL SECTION)		
17.	DISSERTATION SUBMISSION (AT SECTION CLERK, COLLEGE SECTION)		
18.	LOG BOOK SUBMISSION (AT SECTION CLERK, COLLEGE SECTION)		
16.	STUDENT ID	(section clerk)	Reg no: (lost/ not)
17.	Others		



Passport size photo

(to affix in the original certificate only if the photo in the id card is not clear in certificate)

Communication address (to send the original certificate):

Recommended

Hospital Supdt

(Office seal)

Principal