

GOVT HOMOEOPATHIC MEDICAL COLLEGE

KOZHIKODE

For office use only

D.O.B :
ADMN NO :
D.O.A :
BATCH OUT :

Request for PG Completion and Transfer Certificate

I have completed my post-graduation on I have completed the dissertation work on submitted to department of

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

Yours faithfully

(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.	STUDENT ID (applicable for only KUHS)	(section clerk)	Reg no: (lost/ not)
17.	Others		

Recommended

Hospital Supdt

Approved

Principal

(office seal)