

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 onI 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 LIBRARY)		Submitted/ Not
3	LOG BOOK (AT SECTION CLERK, COLLEGE OFFICE)		Submitted/ Not
4	CASE RECORD (AT SECTION CLERK, HOSPITAL OFFICE)		Submitted/ Not