

# 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)		
19.	COLLEGE ID CARD	<b>Returned / Not</b> <small>(section clerk)</small>	(lost/ not)
20.	KUHS REGISTRATION ID	<b>Returned / Not</b> <small>(section clerk)</small>	Reg no: (lost/ not)
21.	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):

(Office seal)

**Principal**