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BY
STUDENT NAME
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UNDER THE GUIDANCE OF
DR. NAME
DESIGNATION
DEPARTMENT (in font size 16pt)



A DISSERTATION SUBMITTED
(FOR THE PARTIAL FULFILMENT OF INTERNSHIP in the size 12pt)
TO
DEPARTMENT OF DEPT,
GOVT HOMOEOPATHIC MEDICAL COLLEGE,
KOZHIKODE (in font size 16pt)

MONTH AND YEAR in font size 12pt

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CERTIFICATE

THIS IS TO CERTIFY THAT THE RESEARCH WORK IN THIS DISSERTATION ENTITLED “” WAS CARRIED OUT BY Dr., KUHS Reg No. at Department of under the guidance of Dr., Designation , Department of for the partial fulfillment of Compulsory Rotatory Residential Internship during the year to Hence this Dissertation has been approved for the fulfillment of Compulsory Rotatory Residential Internship(CRRI) at Govt Homoeopathic Medical College Hospital, Kozhikode.

Dated Signature and
Name of Hospital Supdt

Dated Signature and
Name of Principal

Seal of the hospital office

Seal of the college office

CERTIFICATE

I hereby certify that the dissertation entitled “
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Reg no under my guidance during the year to as part
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I hereby declare that the dissertation entitled “
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ACKNOWLEDGEMENT

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Chapter 1

INTRODUCTION

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