

**Name of the Medical College, - Government Medical College Akola**

- 1) Name of Student :  
2) Full address :  
3) Date of admission :  
4) Date of passing final MBBS Examination :  
5) Date of Completion of Internship training :  
6) Amount paid towards Bond : Rs. + ..... = /-  
7) Receipt No. & Date : Date, / /20

Date :- / /20

Signature of Dean  
With stamp of the Institution