

GOVT. MEDICAL COLLEGE, AKOLA

To
Dean
Govt. Medical College
Akola

Date: / /20

Subject :- Application for **Internship Completion Certificate**

Full Name :

Respected Sir,

I the undersigned want to apply for Permanent Registration at Mumbai for which I need the **Internship Completion Certificate & Format** posting from the college.

Please, kindly issue the same for me.

Yours faithfully

Name

My details as given below

<i>Information with Application</i>	
<i>1. Receipt</i>	
<i>2. Year of Admission</i>	
<i>3. Roll No.</i>	
<i>4. Passing Month & Year</i>	
<i>5. Period of Internship</i>	<i>Dt. / /20 to Dt. / /20</i>
<i>6. Period of Internship (Extn.)</i>	<i>Dt. / /20 to Dt. / /20</i>

List documents (Two copies attested) :

1- Receipt of 100/- 2. First to Final MBBS Mark sheet 3- Passing certificate 4- Provisional Registration Certificate.