

GOVT. MEDICAL COLLEGE, AKOLA

Date / /20

To
Dean
Govt. Medical College,
Akola

Subject : Application for Bonded Candidate for MO ship

Respected Sir,

I the undersigned want to apply for **Medical Officer** for which I need the **Bonded Candidate Certificate** for doing MO ship at **Director, Department of Health Service, Region -----Dist -----** from the college.

Please kindly issue the same for us.

Yours faithfully

Name.....

Interns GMC, Akola

My Details as below :-

Name in Full _____

Permanent Address _____

Batch _____

Roll No. _____

Final MBBS Passing Year **June / Nov 20**

Period of Internship From Dt _____ to Dt _____

(If Extension mention it) From Dt _____ to Dt _____