Name: _____

Admission Month: _____Year: _____

Internship Batch: _____

Internship start date: _____

Internship end date: _____

Intern ID No: _____

Govt. Dental college & Hospital, Jamnagar

Mob: _____

Date: _____

To
The Dean
Govt. Dental College & Hospital
Jamnagar

Sub: Application for ☐ Attempt and Recognition certificate

☐ Character certificate

Respected Madam,

I _____ Internee, had joined Government Dental College and Hospital, Jamnagar, as a student on Date: -_____.

I successfully passed my:

- 1st Year BDS Examination held in:-_____ in Attempt:-_____.
- 2nd Year BDS Examination held in:-_____ in Attempt:-_____.
- 3rd Year BDS Examination held in:-_____ in Attempt:-_____.
- 4th Year BDS Examination held in:-_____ in Attempt:-_____.

I have completed the required years of study and successfully finished my one year compulsory internship rotation on Date:-_____ so kindly accept my application.

Thanking you.

Your sincerely.

_____

Document Attach:

1) Admission Order/Allotment letter.
2) 1st to 4th BDS Pass/Fail Marksheet Xerox
3) Internship Completion Certificate Xerox.
4) University Green Cheat Xerox.
5) Hostel TABA Receipt (NOC)
6) Library NOC.
7) 1st to 4th BDS fees Receipt.