Application for Duplicate Internship Completion

Name:- _____

Batch Month Year: - _____

Date:- _____

Mob. No. _____

To,
The Dean
Govt. Dental College & Hospital,
Jamnagar.

Subject:- Application for Duplicate Internship Completion Certificate

Respected,

I _____ Have completed BDS from this institute in Year_____. I need a _____ certificate for _____ Purpose.

So, I kindly request you to issue me a _____ Certificate for _____ Purpose.

1. Student Name :-
2. College Joining Date :-
3. Internship Period :-

Thanking You,

Yours Faithfully

(_____)

Enclosures:-

1. 1st to 4th BDS, Pass/Fail All Marksheet Copy
2. Internship Completion Certificate Copy
3. Rs.1000/- Fees Receipt (1 Copy, internship Completion)