

DR. V.M.GOV'T. MEDICAL COLLEGE, SOLAPUR, MAHARASHTRA

INTERNSHIP COMPLETION CERTIFICATE NO.

/2025

DATE : / / 2025

INTERNSHIP COMPLETION CERTIFICATE

(AS PER MUHS, Nashik Letter No. जा.क्र.मआविवि/विद्यार्थी कक्ष (शै)./१९९४/२०२०, दि.२१/०९/२०२० परिपत्रक-०३/२०२०)

This is to certify that Mr./Miss./Mrs. Has Passed The Final year Examination of **M.B.B.S.** course conducted by the Maharashtra University of Health Sciences, Nashik held in **Summer/Winter -2022**. He / She Is Bonafide Student of this College/Institute, Having University Examination Permanent Registration Number **0119154430** and Provisional Registration Number **PR/5754/2023** of State Council As **MAHARASHTRA MEDICAL COUNCIL, MUMBAI.**

That Mr./Miss./Mrs. has satisfactorily Completed Compulsory Rotatory Internship Training Programme of **1 YEAR** Duration i.e. for **365** days From date **12/04/2023 To 10/04/2024** as per the Central Council and University Norms. During this period his/her clinical work and Conduct was found Satisfactory and there is no Legal or admission eligibility Related matter is Pending With the student and thus he/she found eligible for the Award Of **M.B.B.S.** Degree by the University.

Date: / /2025

Place: SOLAPUR.

NAME OF HOD WITH SIGN

NAME OF DEAN/PRINCIPAL WITH SIGN