## **Application for Original Certificate (After course completion)**

| From |     |   |   |     |     |   |   |   |   |     |     |   |   |   |   |   |   |   |     |     |     |   |   |   |   |     |     |   |   |   |     |     |     |   |   |   |   |   |   |   |     |     |   |   |  |
|------|-----|---|---|-----|-----|---|---|---|---|-----|-----|---|---|---|---|---|---|---|-----|-----|-----|---|---|---|---|-----|-----|---|---|---|-----|-----|-----|---|---|---|---|---|---|---|-----|-----|---|---|--|
|      | ••• | • | • | ••• | • • | • | • | • | • | • • | • • | • | • | • | • | • | • | • | • • | ••• | • • | • | • | • | • | • • | • • | • | • | • | • • | • • | ••  | • | • | • | • | • | • | • | • • | • • | • | • |  |
|      | ••• | • | • | ••• | •   | • | • | • | • | • • | ••• | • | • | • | • | • | • | • | • • | ••• | •   | • | • | • | • | •   | ••• | • | • | • | •   | ••• | ••• | • | • | • | • | • | • | • | • • | • • | • | • |  |
|      | • • |   | • | ••  | ••  | • | • | • | • | • • | ••• | • |   | • | • | • | • | • | • • | ••• | ••  | • | • | • | • | • • | ••• | • | • | • | • • | ••• |     | • | • | • | • | • | • | • | • • | • • | • |   |  |

То

The Director SMVMCH.

Sir,

Since I have completed my MBBS/MD/MS course and internship I request your good selves to kindly issue all my original certificates to me.

Thanking you,

Yours faithfully

Signature of student

DIRECTOR

Issue / Not to issue

Received the following original certificates from SMVMCH on at

SIGNATURE OF THE STUDENT

Date: