

Anantrao Kanase

Homoeopathic Medical College & Hospital

A/P - Alephata, Tal - Junnar, Dist - Pune. (Maharashtra)

Ph - 7028196080 / 9637090640, Email Id - akhmcr@hotmail.Com, Website - www.akhmc.org

Clearance Certificate

Name of the intern Roll No.

Admission Year (Batch) Passing Year - Summer / Winter.....

Internship Period - From To

| Sr. No | Department | Signature of Head | Remark |
|--------|------------------------------|-------------------|--------|
| 1 | Thesis Submission | | |
| 2 | Learning Lesson | | |
| 3 | Workbook | | |
| 4 | Central Library | | |
| 5 | Accounts Section | | |
| 6 | Daily Record Book Completion | | |
| 7 | PHC Attendance Certificate | | |
| 8 | Inspection Attendance | | |
| 9 | Monthly Seminar | | |
| 10 | Other | | |

Intern Sign

Principal Sign

| Current Postal Address | Monile no . |
|------------------------|-------------|
| | |

| Sr. No | Department | Remark | Teachers Sign. |
|--------|------------------------------|--------|----------------|
| 1 | Thesis Submission | | |
| 2 | 72 Lectures With Record | | |
| 3 | Central Library | | |
| 4 | Accounts Section | | |
| 5 | Daily Record Book Completion | | |
| 6 | PHC Attendance Certificate | | |
| 7 | Inspection | | |
| 8 | Monthly Seminar | | |
| 9 | Other | | |