



# Assam Medical College, Dibrugarh

## NO DUES CERTIFICATE (ROTATORY INTERNS/PG STUDENT)

1. Name of Student (Capital Letters) :
2. Name of Parent /Guardian (Capital Letters) :
3. Date of Birth :
4. Date of admission (MBBS/ PG Course) :
5. P.G. /Final MBBS Part II Examination held in (Month & Year) :
6. P.G./Final MBBS Examination Roll No. :
7. University Registration No. :
8. Course/Training Completed :
9. Provisional Registration No. of Intern (A.C.M.R.) :

### CERTIFICATE

Certified that nothing is outstanding against the above-named candidate upto the date.

<u>Sl. No.</u>	<u>Name of Department</u>	<u>Signature with seal</u>
1.	Hostel mess dues etc. clearance certificate ( <i>Must be enclosed</i> )	_____ ( <i>Hostel Superintendent</i> )
2.	Library clearance certificate ( <i>Must be enclosed</i> )	_____ ( <i>Librarian</i> )
3.	College dues & other fees clearance	_____ ( <i>Cashier</i> )
4.	Hostel vacate certificate ( <i>Declaration</i> )	Enclosed / Non-Hosteller
5.	Bond	_____

\_\_\_\_\_  
Principal-cum-Chief Superintendent  
Assam Medical College & Hospital  
Dibrugarh

\_\_\_\_\_  
Signature of the student

Town/Vill : \_\_\_\_\_

P.S. : \_\_\_\_\_

P.O. : \_\_\_\_\_

Dist. : \_\_\_\_\_

Pin: \_\_\_\_\_

Mobile No. of Intern/PG: \_\_\_\_\_

Mobile No. of Parent/Guardian: \_\_\_\_\_

**SUMMARY OF WORK FOR TWELVE MONTH COMPULSORY ROTATING INTERNSHIP TRAINING**

Name of the student (in block letter)	:	
Name of Parent /Guardian (in block letter)	:	
Date of Birth	:	
Month and year joining the First MBBS Course and college	:	
Month and year of passing the Final M.B.B.S Part- II examination and College	:	
Roll No. of the Final M.B.B.S examination	:	
University Registration No.	:	
Provisional Registration (ACMR) No.	:	
Institute of Internship	:	Assam Medical College & Hospital, Dibrugarh

**Particulars of Training :**

Sl. No	DEPARTMENT	Dates		Signature with seal of Prof & HOD	Seal	Remarks
		FROM	TO			
1.	General Medicine					
2.	Psychiatry					
3.	Anaesthesiology & Critical Care					
4.	Casualty/ Emergency/ Trauma					
5.	Dermatology, Venereology and Leprology					
6.	General Surgery					
7.	Orthopaedics including PMR					

8.	Otorhinolaryngology					
9.	Ophthalmology					
10.	Forensic Medicine and Toxicology					
11.	Obst. & Gyanecology Including F.W. and Planning					
12.	Paediatrics					
13.	Community Medicine					
14.	Respiratory Medicine & DOTS-TB					
15.	Radiodiagnosis					
16.	Geriatric Medicine					
17.	Elective (India systems of Medicine)					

Signature: \_\_\_\_\_

Intern No.: \_\_\_\_\_

Date: \_\_\_\_\_

# **DECLARATION**

I, Miss/Mr. \_\_\_\_\_

boarder of \_\_\_\_\_ Room No. \_\_\_\_\_,

Assam Medical College, Dibrugarh like to state that I have cleared my hostel fees, mess dues, gas dues and will vacate the hostel on \_\_\_\_\_.

I, hereby declare that whatever has been stated above is true to the best of my knowledge and correct. I am aware of the fact that, if the information given by me is proved false/not true, I will be liable for action as per rule.

Date: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

Signature of student giving the declaration

**Signature with Seal  
of Hostel Superintendent**

**Signature with Seal  
of Hostel Monitor/Warden**