

(To be printed on both side of page)

S.S. MEDICAL COLLEGE, REWA (M.P.)  
JOINING/ LEAVE/ COMPLETION RECORD  
INTERNSHIP TRAINING



Name of Intern.....

Date of Start of Internship  
training.....

Signature & Seal of Head of Deptt. where internship training  
begins for the first time (on the noted date above)

.....

Paste Your Recent  
Colored Photograph  
Bearing Name &  
Date.

Date of Completion of Internship training  
.....

Signature & Seal of Head of Deptt. where internship  
training completed (on the noted date above)  
.....

Certified that the Intern-  
Dr.....  
has completed the training and Internship Completion  
Certificate may be issued.

Signature & Seal of Head of Deptt. where internship  
training completed (on the noted date above)  
.....

**Note: Intern must get completion within 07 days after  
completion of respective posting**

**DETAILED STATEMENT OF INTERNSHIP TRAINING**

Department (Period of Posting)	From..... to.....	Leave (If any) & No. of days of Leave	Signature & Seal of Head of Deptt.
Community Medicine (2 Months)			
Medicine Including 15 days of psychiatry (2 Months)			
Surgery including 15 days of Anesthesia (2 Months)			
Obs. & Gynae. including Family Welfare Planning (2 Months)			
Orthopedics including PMR (1 Month)			

**DETAILED STATEMENT OF INTERNSHIP TRAINING**

Department (Period of Posting)	From..... to.....	Leave (If any) & No. of days of Leave	Signature & Seal of Head of Deptt.
Pediatrics (1 Month)			
ENT (15 Days)			
Ophthalmology (15 Days)			
Casualty (15 Days)			
Elective..... ..... (15 Days)			

\* Elective Subjects:- 1) Dermatology & Sexually transmitted Disease 2) Tuberculosis & Respiratory Diseases 3) Radio-Diagnosis 4) FMT 5) Blood Bank 6) Psychiatry.