



# 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.

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