Official Certification

____ (Name of This is to certify that _____ nago_ San Jay the student) Reg. No.2063710035 has completed his/her Internship in Sre sai ortho (Name the Intern Organization) on of Nursing Assistant (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the THE B.SC. (CB7) the Department in Degree of of G.D.C. Mandapeta (Name of the College).

This is accepted for evaluation.

K. cham

(Signatory with Date and Seal)

Dr. Ramu K. Regd. No. 59773 M.B.B.S., M.S. Ortho Sri Sai Ortho & Trauma Care D. No. 34-14-1/2, Behind RTC Bus Stand Beside BSNL Office, MANDAPETA-533 308 Dr. B.R. Ambedkar Konaseema Dist. (A.P.)

Endorsements

t



Head of the Department

Principal

8

Principal Govt. Degree College MANDAPETA - 533 308.



Page No

PROGRAM BOOK FOR SEMESTER INTERNSHIP

Name of the Student: Gollapalli Naga Sanjay

Name of the College: Government Degree college Mandapeta

Registration Number: 210637110035

Period of Internship:

From: 05-02-2024 To: 05-05-2024

Name & Address of the Intern Organization

Sri Sai Ortho & Trauma Care Mandapeta

Dr. Br. Ambedkar konseema district

ADikavi Nannaya University University Rajamahendravaram YEAR