


Official Certification

This is to certify that Lanka Sunandha (Name of the student) Reg. No. 210632110038 has completed his/her Internship in Parayana Reddy Hospital (Name of the Intern Organization) on Nursing Assistant (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the Degree of BSC (CBZ) in the Department of Govt. Degree College (Name of the College).
Mandapeta

This is accepted for evaluation.


(Signatory with Date and Seal)

Endorsements

Faculty Guide



Head of the Department



Principal


Principal
Govt. Degree College
MANDAPETA - 533 308.

PROGRAM BOOK FOR
SEMESTER INTERNSHIP

Name of the Student: **L .Sunandha**

Name of the College: **Government Degree College Mandapeta**

Registration Number: **210637110038**

Period of Internship: From: **05-02-2024** To: **15-05-2024**

Name & Address of the Intern Organization
Narayana Reddy Multi Speciality Hospital Mandapeta

Adhikavi Nannaya University
YEAR 2024