

Official Certification

This is to certify that L.V.V. Ravindra (Name of the student) Reg. No. 210637110039 has completed his/her Internship in Sri Sai ortho trauma care (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 IInd B.Sc [BZC] in the Department of Govt. Degree college mandapeta (Name of the College).

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: **Lega Vera Venkata Ravindra**

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

Registration Number: **210637110039**

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
Rajamahendravaram **University**
YEAR