

## Official Certification

This is to certify that PENDURTHI SANDEEP KUMAR (Name of the student) Reg. No. 210637110043 has completed his/her Internship in SSI Sai Astro & Taruma Care (Name of the Intern Organization) on \_\_\_\_\_ (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the Degree of III<sup>rd</sup> B.Sc [B.Z.C] in the Department of G.D.C Mandapeta (Name of the College).

This is accepted for evaluation.

(Signatory with Date and Seal)

### Endorsements

A. [Signature]  
Faculty Guide

A. [Signature]  
Head of the Department

Principal

[Signature]

**Principal**  
**Govt. Degree College**  
**MANDAPETA - 533 306**



PROGRAM BOOK FOR  
**SEMESTER INTERNSHIP**

Name of the Student: **PENDURTHI SANDEEP KUMAR**

Name of the College: **GOVERNMENT DEGREE  
COLLEGE**

Registration Number: **210637110043**

Period of Internship: From: **5-02-2024** To: **20-5-2024**

Name & Address of the Intern Organization

**SRI SAI ORTHO&TRAUMA CARE HOSPITAL - MANDAPETA  
DR. BR AMBEDKAR KONASEEMA DIST**

**ADHIKAVI NANNAYA UNIVERSITY  
YEAR 2024**