

Official Certification

This is to certify that Pitta. Rajeev. (Name of the student) Reg. No. 210637110044 has completed his/her Internship in Sri. Sai. Ortho & Trauma (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 IIIrd BSC (CBZ) 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

Head of the Department A. [Signature]

Principal [Signature]

Principal
Govt. Degree College
MANDAPETA - 533 308.

PROGRAM BOOK FOR
SEMESTER INTERNSHIP

Name of the Student: **PITTA RAJEEV**

Name of the College: GOVERNMENT DEGREE COLLEGE MANDAPETA

Registration Number: **210637110044**

Period of Internship: From: **05-02-2024** To: **20-05-2024**

Name & Address of the Intern Organization

**SRI SAI ORTHO & TRAUMA CARE HOSPITAL -
MANDAPETA**

DR. B. R. AMBEDKAR KONASEEMA DIST

ADIKAVI NANNAYA UNIVERSITY
2023-2024