Official Certification

This is to certify that R. Gowtham (Name of the student) Reg. No. <u>210637110045</u> has completed his/her Internship in Marayana rady hosp?+al. (Name Intern Organization) the of on Nursing Assistant (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the In to BSC [CBZ] of in the Degree Department of G.O.C Mandapeta (Name of the College).

This is accepted for evaluation.



Endorsements

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Head of the 1

Principal

Principal Govt. Degree College MANDAPETA - 533 308.

Page No

PROGRAM BOOK FOR SEMESTER INTERNSHIP

Name of the Student: R. Gow than

Name of the College: Grovt. Degree college - Mandapeta

Registration Number: 30637110045

Period of Internship:

From: 5/2/2024 To: 20/5/2024

Name & Address of the Intern Organization

Adixavi Nanneyer. University YEAR

Norayana reddy Hospital - Mandapeta