

Official Certification

This is to certify that YARDHINEEDI KONDABABU (Name of the student) Reg. No. 210637110050 has completed his/her Internship in Sri Sai ortho & Trauma 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 IIIrd 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

Faculty Guide

Ch. Dhruv

Head of the Department

A. [Signature]

Principal

[Signature]
Principal
Govt. Degree College
MANDAPETA - 533 30th

PROGRAM BOOK FOR
SEMESTER INTERNSHIP

Name of the Student: **VARDHINEEDI KONDABABU**

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

Registration Number: **210637110050**

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**