

Letter head of the College

COMPULSORY ROTATING MEDICAL INTERNSHIP CERTIFICATE

This is to certify thatwith the Register No., a bonafide student of this College has passed the Final MBBS (Third MBBS Part II).Examinations of Kerala University of Health Sciences, Thrissur in..... (Month and year of examination). Subsequently the candidate has completed one-year of Compulsory Rotating Medical Internship from to The Provisional Registration Number for the same from Kerala State Medical Council isDated

During this period, the candidate has worked in various departments and specialities as shown below.

Sl No.	Department	Duration as per NMC Regulations	Internship		Extension		Internship Completed in days*	Hospital/ Centre/ Institution
			From	To	From	To		
1	Community Medicine	12 weeks						
2	General Medicine	6 weeks						
3	Psychiatry	2 weeks						
4	Paediatrics	3 weeks						
5	General Surgery	6 weeks						
6	Anaesthesiology and Critical Care	2 weeks						
7	Obstetrics and Gynaecology including Family Welfare and Planning	7 weeks						
8	Orthopaedics including Physical Medicine and Rehabilitation (PM & R)	2 weeks						
9	Emergency/Trauma/ Casualty	2 weeks						
10	Forensic Medicine and Toxicology	1 week						
11	Dermatology, Venereology and Leprology	1 week						
12	Otorhinolaryngology	2 weeks						
13	Ophthalmology	2 weeks						
14	Elective Exclusive Broad Specialties Group							
	1. Broad Specialty							
	2. Broad Specialty							
15	Elective Exclusive 3. Indian Systems of Medicines.....							
	Total	-----	-----	-----	-----	-----		-----

**Total not less than 365 days*

Place:

Date:

(College Seal)

Principal / HOI