

ATTENDANCE CERTIFICATE

(May be used for Super Specialty/PG Degree, PG Diploma, etc., Exams)

Affix Pass
Port Size
Photo

Signature of the candidate →

This is to certify that Dr. _____ is a Super Specialty/PG Degree/PG Diploma/PG Basic Medical Sciences Student of this College in DM/M.Ch/MD/MS/Diploma in the specialty of _____.

The details of his/her attendance are as shown below:-

- a) Academic Year/Batch of Admission: _____
- b) Date of Admission (Date of joining in Course): _____
- c) Period of Leave availed (Casual Leaves are not be shown)
- i) From _____ To _____ No. of Days
- ii) From _____ To _____ No. of Days
- iii) From _____ To _____ No. of Days

(Copy/Copies of leave sanction orders are be enclosed)

- d) Total leave days (as in "c" above): _____
(The period of study shall be extended to the extent of above leave period)
- e) Percentage of Attendance : PGMER-2023

A student shall be required 80% of attendance of total working days i.e., **751 days** for appearing in the 3- year PG Degree course and **501 days** for appearing in the 2-year PG Diploma examination (**30.04.2025**). However, the period of training will be extended by the same number of days for which maternity/paternity and total excess casual leave have been availed in the entire course period. **(Attendance Certificate in the format should be uploaded.)**

- f) Date of completion of Study period: _____
(After taking the above no. of days of leaves and also the remaining period of study i.e., up to the last date of the Practical Exams)

(Delete the columns/wording not applicable)

Counter Signed by:

Signature of the HOD _____
(Rubber Seal)

Principal/Person appointed for this purpose.
(Rubber Seal)

TESTIMONIAL

This is to Certify that Dr.
S/o. D/o. Sri is a bonafide Post Graduate student
in Super Specialty/MD/ MS/ Diploma and candidate
for Post Graduate Student in examination to be held in is in the
habit and character a fit and proper person to receive the degree.

Date :

Signature of Prof. & HOD
(with Seal)

TESTIMONIAL

This is to Certify that Dr.
S/o. D/o. Sri is a bonafide Super Specialty/Post
Graduate student MD/ MS/ Diploma and candidate
for Post Graduate Student in examination to be held in is in the
habit and character a fit and proper person to receive the degree.

Date :

Signature of Prof. & HOD
(with Seal)

THESIS SUBMISSION CERTIFICATE

Dr. a student of Super Specialty/MD/MS
in the Speciality of has registered her thesis vide
Registration No. with the Dr. N T R University of Health Sciences,
Vijayawada on the title of the thesis.

THESIS TOPIC:
.....
.....
.....
.....

Counter Sign.

Signature of the HOD
(with Seal)