

## 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 (**20.08.2025**). 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:** .....  
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.....

Counter Sign.

Signature of the HOD .....  
(with Seal)