

**Dayabhai Maoji Majithiya Ayurved Mahavidyalaya &  
Laxmanrao Kalaspurkar Ayurved Hospital, Yavatmal**

Shivaji Nagar, Arni Road, Yavatmal 445 001 (M.S.)

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No. DMMAM/YTL/BAMS/ICC/469 /2021

Date :- 15/4/2021

**Internship Completion Certificate**

This is to certify that Mr/Miss/Mrs **DARADE SHIVRAJ RAJARAM** has passed the final year examination of **B.A.M.S.** Course conducted by the Maharashtra University of Health Sciences, Nashik held in Summer/Winter 2019. He/She is bonafide student of this College/Institute, having University Examination Permanent Registration Number **1316153479** and Provisional Registration Number **77002** of state Council as Maharashtra.

That Mr/Miss/Mrs **DARADE SHIVRAJ RAJARAM** has satisfactorily completed Compulsory Rotatory Internship Training programme of **1 Year** duration i.e. for **365** Days from date **25/02/2020** to date **15/03/2021** as per the Central Council and University norms During this period his / her clinical work and conduct was found satisfactory and there is no Legal or Admission Eligibility related matter is pending with the student and thus he/she found eligible for the award of **B.A.M.S.** degree by the University.

Date :- 15/04/2021

Place :- Yavatmal



(Vd. M.B. Yerawar)

Name of HOD with sign

Head of Department

Swasthvritta Department

D.M.M. Ayurved Mahavidyalaya

Yavatmal



(Vd. R.J. Mundane)

Name of Dean/Principal with sign

College seal