BDS INTERNSHIP COMPLETION CERTIFICATE PERFORMA

Student's Name		Father's Name	
Enrollment No.		Batch	
Contact No.		Email ID	
Internship Period			

S. No.	Date		Department
	From	To	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Examination	Year of Passing	Maximum Marks	Marks Obtained	Number of Attempts
1st BDS				
2nd BDS				
3rd BDS				
4th/Final BDS				

Signature of Student