

Sawkar Homoeopathic Medical College SataraHon. Arvind Gavali
ChairmanHon. Nishant Gavali
Secretary**Internship Completion Programme**

Name of the Internee : _____

BHMS IV Examination Passed: _____ Exam Seat No. : _____

Internship Posting Started on: ___/___/20___ Completed on : ___/___/20___

Sr. No.	Nam of the Department	Period of posting & Date		Remark
		Date	Days	
1	Pre- internship orientation programme		5	
2	Medicine			
	i) Psychiatry/ Pscology Section		30	
	ii) Respiratory Section		31	
	iii) Gastro- Intestinal Section		31	
	iv) Skin & VD Section		31	
	v) Endocrinology Section		31	
	vi) Loco-motor Section (including Radiology)		30	
	vii) Cardiology Section		31	
	viii)Pediatrics Section		30	
3	Surgery including ENT, Ophthalmology		30	
4	Gynecology & Obstetric including Reproductive and Child health care		30	
			30	
5	Community medicine (including PHC/CHC)		30	
Total days			365	

No. of days repeated due to absence : -----

Other reasons if any for repetition of internship with name of the department : -----

During the internship period he/she also worked in Pathology, Radiology Departments and assisted in the their routine working.

Date :

Principal