This is to certify that <u>Masavarupu Renuka(Name of the intern)</u> Reg. No720134805195 of VISAKHA GOVT. DEGREE COLLEGE FOR WOMEN (Name of the College) underwent internship in <u>Dr. REDDY'S</u> LABORATORIES (Name of the Intern Organization) from 02/11/2022 to 02/01/2023

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The overall performance of the intern during his/her internship is found to be <u>Satisfactory</u> (Satisfactory/Not Satisfactory).

D

19/1 2022

Authorized Signatory with Date and Seal



Official Certification

This is to certify that _______ (Name of the student) Reg. No. _720134805190 has completed his/her Internship in AMC Organization) on Intern the (Name of ShorttermIntership Internship) under my _____ (Title of the supervision as a part of partial fulfillment of the requirement for the of Department the Microbiology in Degree of Vishakagovt. (Name of the College). Degree&pgcollegewomen

This is accepted for evaluation.

Endorsements

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Faculty Guide

SMT.SANTOSHI ANUSHA

Head of the Department

MICROBIOLOG

Principal

Dr.S.SHOBHARANI(M.sc.Mphill.Ph.D)

PRINCIPAL Visakha Govt. Degree College for Women Visakhapatnam-530020. (Signatory with Date and Seal)

22/2/23

Department of Successor Andhra Medical Conege Visakhapatnam

Page No:

 Phis is to certify that
 M. SAMYUKTHA
 (Name of the intern)

 Reg. No
 720134805184
 of Visakha Govt .Degree College For Women

 Name of the College)
 underwent internship in SEVEN HILLS HOSPITAL

 (Name of the Intern Organization)
 from 1-11-2022 to 31-12-2022.

The overall performance of the intern during his/her internship is found to be __Satisfactory_____ (Satisfactory/Not Satisfactory).



Authorized Signatory with Date and Seal

This is to certify that UNDRALLA JYOTHSNA SRI(Name of the intern) Reg. No_720134805195 of VISAKHA GOVT DEGRE COLLEGE FOR WOMEN College) underwent internship in ______Reddy's laboratoric (Name of the Intern Organization) from _______ to ______ to ______

_____ 102

Authorized Signatory with Date and Seal



 This is to certify that BODDEPALLI CHINNI
 (Name of the intern)

 Reg. No_720134805171
 of Vishaka Govt degree CLG(vi)Name of the

 College) underwent internship in
 AMC
 (Name of the

 Intern Organization) from 12-10-22
 to 15-12-22
 (Name of the

The overall performance of the intern during his/her internship is found to be <u>Satisfactory</u> (Satisfactory/NotSatisfactory).

preu

Authorized Signatory with Date and Seal

22/2/2023

Associate Professor Department of Microbiology Andhra Medical College Visakhapatnam

Page No:

This is to certify that SAPI. PAVAN		(Name of the intern)		
Reg. No 720134805192	of	VishakaGovtdegreeCLG(w)	(Name of the	
College) underwent internship		AMC	(Name of the	
Intern Organization) from 12-1		to 15-12-22		

The overall performance of the intern during his/her internship is found to be Satisfactory (Satisfactory/NotSatisfactory).

Authorized Signatory with Date and Seal

Associate Professor Department of Microbiology Andhra Medical College Visakhapatnam

Official Certification

This is to certify that _____ (Name of AMARA PARIMALA the student) Reg. No. 720134805170 has completed his/her Internship in AMC Organization) on Intern (Name the of Short term Intership (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the Degree Department of of Microbiology the in Vishaka govt. (Name of the College). Degree &pg college women

This is accepted for evaluation.

pm

(Signatory with Date and Seal)

22/2/23

Associate Professor Department of Microson Andhra Medical College Visakhapatnam

Endorsements

Faculty Guide

SMT.SANTOSHI ANUSHA

Head of the Department

MICROBIOL



Dr.S.SHOBHA RANI (M.sc.Mphill.Ph.D)

PRINCIPAL Visakha Govt. Degree College for Women Visakhapatnam-530020.

Official Certification

This is to certify that <u>KUNCHANGI PRASANNA</u> (Name of the student) Reg. No. <u>720134805183</u> has completed his/her Internship in (Name of the Intern Organization) on ShorttermIntership (Title of the Internship) under my supervision as a part of partial fulfillment of the requirement for the Degree of ____ Microbiology in the Department of Vi<u>shakagovt.</u> _____ (Name of the College). Degree&pgcollegewomen

This is accepted for evaluation.

with Date and Seal) (Signato) 223

Endorsements

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SMT.SANTOSHI ANUSHA

Head of the Department

MICROBIOLOGY

Dr.S.SHOBHARANI(M.sc.Mphill.Ph.D)

PRINCIPAL Visakha Govt. Degree College for Women Visakhapatnam-530020 Associate Professor Department of Microbiology Andhra Medical College Visakhapatnam

Page No:

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This is to certify that KARLIRENUKAD	EVI (Na	me of the intern)
Reg. No 720134805180 of	CI 0/>	(Name of the
College) underwent internship in	AMC	(Name of the
Intern Organization) from 12-10-22	to 15-12-22	

The overall performance of the intern during his/her internship is found to be **Satisfactory** (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal 22/2/03

Associate Professor Department of Microbiology Andhra Medical College Visakhapatnam

This is to certify that CH. SNEHA DURGA (Name of the intern) Reg. No 720134805173 of <u>Visakha Govt .Degree College For Women</u> (Name of the College) underwent internship in <u>SEVEN HILLS HOSPITAL</u>

_ (Name of the Intern Organization) from <u>1-11-2022 to 31-12-2022</u>.

The overall performance of the intern during his/her internship is found to be __Satisfactory_______ (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal