



महाराष्ट्र आरोग्य विज्ञान विद्यापीठ, नाशिक MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK

दिंडोरी रोड, म्हसरुळ, नाशिक - ४२२००४ Dindori Road, Mhasrul, Nashik - 422004

Tel : (0253) 2539292, Fax : (0253) 2539295

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डॉ. आदिनाथ सूर्यकर

पीएच्.डी., एफएसीबीआय

कुलसचिव

Dr. Adinath Suryakar

Ph.D., FACBI

Registrar

मआविवि/इओ/पदवी/४३२४ /२०१२

दिनांक : ३० ऑक्टोबर, २०१२

प्रति,

मा. अधिष्ठाता / प्राचार्य,
सर्व संलग्नित महाविद्यालये,
मआविवि नाशिक

विषय :- आंतरवासियता पुर्णत्व प्रमाणपत्रा (Internship Completion Certificate) बाबत...

संदर्भ:- Academic Notification No. 25/2012 पत्र क्र. MUHS/E-1/1645/2012
दि. २७/०७/२०१२

महोदय / महोदया,

उपरोक्त विषयाच्या अनुषंगाने विद्यापीठाशी संलग्नित सर्व महाविद्यालये/मान्यताप्राप्त संस्था यांना या पत्राद्वारे कळविण्यात येते की, सर्व आरोग्य विज्ञान अभ्यासक्रमाच्या (पदवी) विद्यार्थ्यांच्या बाबतीत ज्या अभ्यासक्रमांना आंतरवासियता लागू आहे अशा विद्यार्थ्यांचे आंतरवासियता कालावधी पूर्ण झाल्यानंतर आंतरवासियता पुर्णत्व प्रमाणपत्र (Internship Completion Certificate) विद्यापीठातर्फे मिळणेबाबत महाविद्यालयांकडून प्रस्ताव प्राप्त होत असतात. उन्हाळी परीक्षेनंतर साधारणपणे ३७५० व हिवाळी परीक्षेनंतर ३३०० आंतरवासियता पुर्णत्व प्रमाणपत्र विद्यापीठातर्फे प्रदान करण्यात येतात.

तातडीच्या परिस्थितीत/अत्यंत महत्वाच्या कारणास्तव विद्यार्थ्यांना आंतरवासियता पुर्णत्व प्रमाणपत्र तात्काळ उपलब्ध व्हावे यासाठी विद्यापीठास प्रस्ताव सादर केल्याच्या दिवशीच सादर प्रमाणपत्र हस्तदेय उपलब्ध करून देण्याची सुविधा उपलब्ध करून दिलेली आहे. परंतु या बाबतीत असे निदर्शनास येते की, जवळपास ९० ते ९५ टक्के विद्यार्थ्यांचे आंतरवासियता पुर्णत्व प्रमाणपत्रासाठीचे प्रस्ताव हस्तदेय मिळावे यासाठी विद्यापीठास प्रस्ताव सादर करीत आहेत. त्यामुळे तातडीच्या परिस्थितीत/अत्यंत महत्वाच्या कारणास्तव विद्यापीठाने सुरु केलेली सुविधा ही संबंधीत विभागाचा नित्यक्रम झाला असून त्यामुळे विभागातील नियमित कामकाजावर त्याचा विपरीत परिणाम होत आहे.

यास्तव सर्व संबंधीतांना या पत्राद्वारे कळविण्यात येते की, फक्त तातडीच्या परिस्थितीत/अत्यंत महत्वाच्या कारणास्तव तातडीने आवश्यकता असेल तर त्याच प्रकरणांत विद्यार्थ्यांना आंतरवासियता पुर्णत्व प्रमाणपत्र हस्तदेय (तात्काळ) देणेबाबत ना हरकत प्रमाणपत्र (NOC) द्यावे. इतर सर्व विद्यार्थ्यांच्या बाबतीत आंतरवासियता पुर्णत्व प्रमाणपत्रासाठीचे प्रस्ताव संबंधीत विद्यार्थ्यांचे आंतरवासियता पुर्ण झाल्यानंतर तात्काळ एकत्रितरित्या विद्यापीठास सादर करावेत. असा विहित मार्गाने प्रस्ताव विद्यापीठास प्राप्त झाल्यापासून ०७ दिवसांत कार्यवाही करून महाविद्यालयास संबंधीत विद्यार्थ्यांचे आंतरवासियता पुर्णत्व प्रमाणपत्र निर्गमित करण्यात येईल व तसे पत्राद्वारे महाविद्यालयास कळविण्यात येईल.

आंतरवासियता पुर्णत्व प्रमाणपत्रासाठीचे प्रस्ताव विद्यापीठास सादर करणेबाबत उपरोक्त नमूद विवेचनाची नोंद घेवून त्यानुसार कार्यवाही करावी, ही विनंती.

आपला,

कुलसचिव



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d g l f p o

Dr. Adinath Suryakar

Ph.D., FACBI

Registrar

No. MUHS/E-1/1645/2012

Date:27/07/2012

ACADEMIC NOTIFICATION NO. 25/ 2012

PROCEDURE FOR APPLYING FOR INTERNSHIP COMPLETION CERTIFICATE FOR MBBS STUDENTS

This is notified to all concerned that the following procedure for applying for INTERNSHIP COMPLETION CERTIFICATE for MBBS students will be applicable from the date of declaration of this notification:

- Respective college Dean/Principal of all affiliated Medical Colleges will forward the following documents of each student, who have completed his/her compulsory rotatory internship of requisite period as per Medical Council of India and / or University norms under a covering letter addressed to the Registrar Maharashtra University of Health Sciences, Nashik :-**
 - Original Internship Completion Certificate issued by College (Annexure I).**
 - Postings of Students (Annexure II)**
 - Internship Performance Data Book (Annexure III).**
 - Attested Xerox copy of Final Year Passing Certificate.**
 - Attested Xerox copy of Provisional Registration Certificate (Issued by Maharashtra Medical Council)**
 - The D.D. of Rs. 500/- drawn on Nationalized Bank, in favour of the Registrar, Maharashtra University of Health Sciences, Nashik,**

	<p>payable at Nashik. (If not submitted along with Final Year Examination Form)</p> <p>* For More Details please refer Academic Notification No. 03/2002 (Amended) available on University website www.muhsnashik.com</p>
2.	<p>In case of seeking Internship Completion Certificate on Urgent basis (by hand); the Dean/Principal of an affiliated Medical College will forward following additional documents alongwith above proposal:-</p> <p>a) An authority letter bearing name of the bearer.</p> <p>b) Identification Proof of the bearer (Xerox copy for University records and it's Original copy for verification at University)</p> <p>c) The D.D. of Rs. 500/- (Urgent Processing Fee) drawn on Nationalized Bank, in favour of the Registrar, Maharashtra University of Health Sciences, Nashik, payable at Nashik.</p>
3.	<p>Incomplete proposals will not be processed.</p>

Sd/-

Registrar

Pl. Note: **All annexures should bear letter head of the College.**

Encl. :-

Format of

- a) **Original Internship Completion Certificate issued by College (Annexure I).**
- b) **Postings of Students (Annexure II)**
- c) **Internship Performance Data Book (Annexure III).**

Letter Head of the College

Ref No.:

Date:

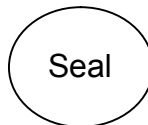
Annexure : I

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr./Mrs./Miss _____ has passed Bachelor of Medicine & Bachelor of Surgery (MBBS) Examination, conducted by Maharashtra University of Health Sciences, Nashik, held in Summer/Winter 20____.

As per Medical Council of India, New Delhi MBBS and Internship regulation; he/she has completed One year Compulsory Paid / Unpaid Rotatory Medical Internship Training Programme from ___/___/20___ to ___/___/20___ and thus eligible for the award of MBBS Degree.

Further it is stated that, during this period, his / her clinical work and conduct was found satisfactory.



Head of PSM Dept.

Dean/Principal

Letter Head of the College

Ref No.:

Date:

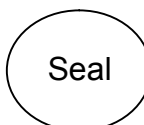
Annexure : II

FORMAT OF POSTINGS CERTIFICATE

This is to certify that Mr./Mrs./Miss _____
has undergone One year Paid Compulsory Rotatory Internship from
____/____/20____ to ____/____/20____.

A detail of the posting in various Departments is as follows:

Sr. No.	Department	Period	
		Date of Commencement & completion	Days
1.	Orientation Programme (5 days)	to	
	Community Medicine (60 days)		
	a) UTHC (30 days)	to	
	b) RTHC (30 days)	to	
2.	General Medicine (60 days)		
	a) General Medicine (45 days)	to	
	b) Psychiatry (15 days)	to	
3.	General Surgery (60 days)		
	a) General Surgery (45 days)	to	
	b) Anesthesia (15 days)	to	
4.	Obst. Gynaec. Including Family Welfare Planning (60 days)	to	
5.	Paediatrics (30 days)	to	
6.	Orthopedics including P.M.R. (30 days)	to	
7.	E.N.T. (15 days)	to	
8.	Ophthalmology (15 days)	to	
9.	Casulty (15 days)	to	
10.	Elective Posting – any one (15 days) (Dermatology & STD/TB & Resp. Diseases /Radio – Diagnosis/ Blood Bank / Forensic Medicine/ Psychiatry)	to	
11.	Extension due to _____ (if any) Deptts : _____ _____ _____ _____	to to to to to	



Head of PSM Dept.

Dean/Principal

Letter Head of the College

Ref No.:

Date:

Annexure : III

INTERNSHIP PERFORMANCE DATA BOOK

**Passport Size
Photograph of
Student
attested by
Dean/Principal**

Batch : _____

Academic Year : _____

Name of Intern : _____

Year of admission : _____

Year of Passing Final MBBS : _____

Date of starting internship : ____/____/____.

Date of completion : ____/____/____.

Date of extension (if any) : From ____/____/____.
To ____/____/____.

Seal

Head of PSM Dept.

Dean/Principal