



**DR. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH  
(ICMCH)**

25 – B, C. I. T. ROAD, KOLKATA – 700 014, Phone – (033) 2249 5767/ 0-9748775767  
Email : csdawn\_icmch2006@yahoo.co.in

**TRAINING COMPLETION CERTIFICATE**

**For Dip. C. H. course**

**On acceptance of this certificate by Dr. C. S. Dawn ICMCH, Trainee can sit for Exam.  
(Incompletely written Certificate will be rejected)**

**To,  
The Dean  
Dr. C. S. Dawn ICMCH  
25-B, C. I. T. Road, Kolkata – 700 014**

Fix your  
photo  
here

**Sir/ Madam,**

1. I worked for two year as assistant to my Fellow Guide Dr.....  
Date of my admission.....Date of Completion of training..... Days  
of absence from duty on 1st year.....and 2nd year .....
2. I enclose DD of Rs. 15,000/- for sitting on the examination of Dip. C. H. course. You send all above  
31st January and receive your Admit Card with examination dates by 3 weeks.
3. I have distributed DAWN Rule of Ten RCH Calendar no. 1 st year..... 2nd  
year.....Adolescent Calendar no 1st year.....2nd year.....Healthy lifestyle  
Calendar no 1st year.....2nd year.....
4. I have wrote daily diary for.....days in first year and.....  
days in second year, checked by FG.
5. I have written Clinical Cases first year no. ....second year no. ....  
checked by FG.
6. I have sent 5 patients photo at the end of each year for two years to Dr. C S Dawn ICMCH, Kolkata.

I enclose 2 copies of my passport size photograph with this TCC to ICMCH, Kolkata.  
(with name written at the back of photo)

RC Chairman will give you the date of your examination.

Yours sincerely,

Date..... Signature of Trainee .....

Name (Block Letters).....

Address.....

City/Town.....Postal Code.....Phone.....email.....

Trainee's work for two years is satisfactory. He/She was promoted to second year.

Signature by FG.....

Name of FG (Block Letters).....

Address.....

Postal Code.....Phone.....Mobile ..... email.....

1. Date.....