

FORM - F

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

25B, C.I.T. ROAD , ENTALLY, KOLKATA - 700014, West Bengal

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TRAINING COMPLETION CERTIFICATE (TCC)

For DRCH course

On acceptance of this certificate by Dr.C S Dawn ICMCH, Trainee can sit for Exam

(Incompletely written Certificate will be rejected)

Fix your
photo here

To,

The Dean

NARCHI - Dr. C. S. Dawn ICMCH

25-B, C. I. T. Road, Kolkata - 700 014

Sir,

I have worked for one year as trainee assistant to my Fellow Guide Dr _____.

My date of joining for the course was _____ and date of completion will be _____.

I had been absent for _____ days in one year.

I had written the clinical case notes and send them to NARCHI - HQ or UP - RC as directed and received my **Case Record Completion Certificate** in time. I have further completed the other log books and will be appearing in the final examination at prescribed centre decided by HQ.

Yours sincerely,

Date.....

Signature of Trainee

Name (Block Letters).....

Address.....

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

Email of TraineeMobile No.....

I have trained Dr _____ for one year as per Curriculum of NARCHI - ICMCH and have been satisfied with her clinical work. He/ She has made adequate progress during the period to my satisfaction.

In a scale of 1 to 10, I'll give him/ her a score of _____ .

Date

Signature by Fellow Guide

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

Address.....

Postal Code.....Phone.....

Date.....Email of FG

Fellow Guide does not forward this Certificate unless she/he is satisfied with working of trainee. When trainee's work is satisfactory this certificate is forwarded.