

Campus: Vill. & P.O.: Malandighi, P.S.: Kanksa, Dist.: Paschim Bardhaman, Durgapur-713212, West Bengal Ph.: 0343 270 0085/86, Fax: 0343 270 0082, Website: srims.setgoi.ac.in, E-mail: srims@setgoi.com

Ref: SRIMS&SH/PO/UG/Internship/2025/362

Date: 02.05.2025

NOTICE

Compulsory Rotating Medical Internship Programme

- 1. Refer to Memo No. DME/Special/Correspondence/2025/19 dated 02.05.2025 regarding Compulsory Rotating Medical Internship, published by DME, Govt. of West Bengal,
- 2. Compulsory Rotating Medical Internship Programme shall commence at this institute with effect from 02.05.2025.
- 3. This is applicable for all the MBBS students who have passed 3rd Professional Part-II MBBS March - April, 2025 Examinations and have completed all mandatory Pre-internship formalities.
- 4. In this regard, the concerned students have to submit No Dues" (Enclosure I) to Academic Section on an urgent basis.

Prof. (Dr) Col Debajyoti Bhattacharyya, IAV Principal

Principal Shri Ramkrishna Institute of Medical Sciences & Sanaka Hospitals Malandighi, Durgapur-713212

Copy forwarded for favour of information and necessary information to:

- 1. CEO office
- 2. MS Office
- 3. Dr. Rajarshi Gupta, Nodal Officer (CRMI & PG T-L Activities)
- 4. Departmental HOD(s) /In-charge(s)
- 5. Mr. Indranil Mallick, CEO (Administration-SETGOI)
- 6. Hostel Warden
- 7. Central Library
- 8. Accounts dept.
- 9. IT Department



Enclosed:

I. No Dues Certificate Format



Ph.: 0343 270 0085/86, Fax: 0343 270 0082, Website: srims.setgoi.ac.in, E-mail: srims@setgoi.com

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<u>ENCLOSURE - I</u> "No Dues Certificate" (MBBS Internship Scheduled from 02.05.2025)

Name of the Student			
Course	MBBS		
SRIMS ID			
Batch			
WBUHS Registration No.			

Sl. No.	Department	Remarks	Full Signature of the HOD/ In-charge with Date
1.	Girls/Boys Hostel	No Dues	
2.	Central Library	No Dues	
3.	Accounts	No Dues	
4.	Academic Section	No Dues	

1. That, I clearly understand, acknowledge and agree that the above "No dues" certificate is mandatory for commencement of my MBBS Internship Programme.

2. That, I clearly understand, acknowledge and agree that if I apply for review of my result for any subject of the said examination, I will not be eligible to start my MBBS Internship Programme till publication of the review result.

3. That, I do hereby declare that I have passed the 3rd Professional MBBS Part II Examination, March-April, 2025 (Roll No.: _____) and have not applied / will not apply for review of any subject of the said examination.

Full Signature of the Intern (with Date)



Office : B-150, Columbia Street, Bidhan Nagar, Durgapur - 713212, Fax: 0343-2555491