Bonafide Certificate

For Post Graduate Students Only

This is to certify that Dr…….

(MCI Registration Number: ……) is a Bonafide Post Graduate Student of the Department of ENT at Medical College:

……

University: ……

City: …….. State: ……. Pin code: ……..

Signature & Seal of HOD, ENT Department

Date: ……

Details of the Faculties working in the Department:

Sr. No.	Name	Designation	Mobile Number	E-mail ID