

**OFFICE OF THE DEAN
GANDHI MEDICAL COLLEGE BHOPAL**

No..... / MC /14/2026

Bhopal, Dated/...../.....

CERTIFICATE

This is to certify that Dr. has been admitted in Post Graduate Course/Diploma Course in the department of in the year..... .

His/Her all original documents have been submitted in this office.

The details are as follows:

1. MBBS 1st Prof, 2nd Prof, Final Prof, Final Part 1 & 2 Marksheets.
2. Internship Completion Certificate.
3. Permanent Registration Certificate.
4. Domicile.
5. Caste Certificate.
6. Marksheet of 10th .
7. MBBS Degree.

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