Certificate from Intern Organization

This is to certify that **VASIMALLA ALEX** Reg. No **Y203022001** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **BORUGADDA GOWTHAM KUMAR** Reg. No **Y203022002** of **ANDHRA CHRISTIAN COLLEGE,** GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **CHILKA BHARATH KUMAR** Reg. No **Y203022003** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

An Internship Report on

MEDICAL STATICS IN ADMINISTRATIVE DEPARTMENT OF UPHC

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

Dr. Daniel Raja Shekhar.

(Name of the Faculty Guide)

Department of

BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR

(Name of the College)

Submitted by:

Darsanapu.Sudheer

(Name of the Student)

Reg.No: Y203022004

Department of **BOTANY**

ANDHRA CHRISTIAN COLLEGE

(Name of the College)

Student's Declaration

I, Darsanapu.Sudheer a student of III BSc BZC Program, Reg. No. Y203022004 of the Department of BOTANY College do hereby declare that I have completed the mandatory internship from 21-04-2023 to 21-06-2023 in UPHC MALLIKARJUNAPET (Name of the intern organization) under the Faculty Guideship of Dr. Daniel Rajasekhar. (Name of the Faculty Guide), Department of BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR (Name of the College)

D. Sudh

(Signature and Date)

19/7/23

Official Certification

This is to certify that Darsanapu.Sudheer *(Name of the student)* Reg. No. Y203022004 has completed his/her Internship in UPHC, MALLIKARJUNAPET *(Name of the Intern Organization)* on **Medical Statics in administrative Department** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLAGE** *(Name of the College)*.

This is accepted for evaluation.

(Signatory with Date and Seal)

Endorsements

Faculty Guide

Head of the Department

Principal

15/9/23

Certificate from Intern Organization

This is to certify that **Darsanapu.Sudheer** *(Name of the intern)* Reg. No **Y203022004** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR *(Name of the College)* underwent internship in **UPHC MALLIKARJUNAPET** *(Name of the Intern Organization)* from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be _____ (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: Darsanapu . Sudheer
Programme of Study: Administration work
Year of Study: 2020 – 2023
Group: BSC CBZ – IIIrd year
Register No/H.T. No: 4203022004
Name of the College: A. C. college . Guntur
University: Acharya Nagarjuna University.

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert 15/7/23

Signature of the Principal with Seal

An Internship Report on

MEDICAL STATICS IN ADMINISTRATIVE DEPARTMENT OF UPHC

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

Dr. Daniel Rajesheekar Msc. phd.

(Name of the Faculty Guide)

Department of

BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR

(Name of the College)

Submitted by:

E.RATNA KUMAR

(Name of the Student)

Reg.No: Y203022005

Department of BOTANY

ANDHRA CHRISTIAN COLLEGE

(Name of the College)

Student's Declaration

I, **E.RATNA KUMAR** a student of **III BSc BZC** Program, Reg. No. **Y203022005** of the Department of **BOTANY** College do hereby declare that I have completed the mandatory internship from **21-04-2023** to **21-06-2023** in **UPHC MALLIKARJUNAPET** (Name of the intern organization) under the Faculty Guideship of E. Ratna Kumar (Name of the Faculty Guide), Department of **BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR** (Name of the College)

E. Ratna Kumar

(Signature and Date)

Official Certification

This is to certify that E.RATNA KUMAR *(Name of the student)* Reg. No. Y203022005 has completed his/her Internship in UPHC, MALLIKARJUNAPET *(Name of the Intern Organization)* on **Medical Statics in administrative Department** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLAGE** *(Name of the College)*.

This is accepted for evaluation.

(Signature with Date and Seal)

Endorsements

Faculty Guide

Head of the Department

Principal

15/2/23

Certificate from Intern Organization

This is to certify that **E.RATNA KUMAR** *(Name of the intern)* Reg. No **Y203022005** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR *(Name of the College)* underwent internship in **UPHC MALLIKARJUNAPET** *(Name of the Intern Organization)* from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be _____ (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: E. Ratna kumari
Programme of Study:
Year of Study: 20-23
Group: B Sc. (CBZ)
Register No/H.T. No: Y203022005
Name of the College: A.C College.
University: ANU

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		200	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert 15/2/23

Signature of the Principal with Seal

An Internship Report on

MEDICAL STATICS IN ADMINISTRATIVE DEPARTMENT OF UPHC

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

DR V. EZRA VIJAYA SEKHAR M.sc. M.phil P.hd, Lecturer in Botany

(Name of the Faculty Guide)

Department of

BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR

(Name of the College)

Submitted by:

GOLLAMANDHALA PAVAN KUMAR

(Name of the Student)

Reg.No: Y203022006

Department of **BOTANY**

ANDHRA CHRISTIAN COLLEGE

(Name of the College)

Student's Declaration

I, **G. PAVAN KUMAR** a student of **III BSc BZC** Program, Reg. No. **Y203022006** of the Department of **BOTANY** College do hereby declare that I have completed the mandatory internship from **21-04-2023** to **21-06-2023** in **UPHC MALLIKARJUNAPET** (Name of the intern organization) under the Faculty Guideship of Dr. V. Esra Vijaya Sekhar (Name of the Faculty Guide), Department of **BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR** (Name of the College)

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapet, GUNTUR.

Official Certification

This is to certify that GOLLAMANDHALA PAVAN KUMAR *(Name of the student)* Reg. No. Y203022006 has completed his/her Internship in UPHC, MALLIKARJUNAPET *(Name of the Intern Organization)* on **Medical Statics in administrative Department** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLAGE** *(Name of the College).*

This is accepted for evaluation.

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

(Signatory with Date and Seal)

(MEDICAL OFFICER).

Endorsements

Faculty Guide

Head of the Department

Principal

15/9/23

Certificate from Intern Organization

This is to certify that **GOLLAMANDALA PAVAN KUMAR** *(Name of the intern)* Reg. No **Y203022006** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR *(Name of the College)* underwent internship in **UPHC MALLIKARJUNAPET** *(Name of the Intern Organization)* from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

Authorized Signatory with Date and Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student:
Programme of Study:
Year of Study:
Group:
Register No/H.T. No:
Name of the College:
University:

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student:
Programme of Study:
Year of Study:
Group:
Register No/H.T. No:
Name of the College:
University:

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

An Internship Report on

MEDICAL STATICS IN ADMINISTRATIVE DEPARTMENT OF UPHC

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

Dr. V. EZRA VIJAYASEKHAR M.Sc. M.phill Ph.d.

(Name of the Faculty Guide) Lecturer in Botany

Department of

BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR

(Name of the College)

Submitted by:

JONNADULA GOPI

(Name of the Student)

Reg.No: Y203022007

Department of **BOTANY**

ANDHRA CHRISTIAN COLLEGE

(Name of the College)

Student's Declaration

I, **JONNADULA GOPI** a student of **III BSc BZC** Program, Reg. No. **Y203022007** of the Department of **BOTANY** College do hereby declare that I have completed the mandatory internship from **21-04-2023** to **21-06-2023** in **UPHC MALLIKARJUNAPET** (Name of the intern organization) under the Faculty Guideship of _____ (Name of the Faculty Guide), Department of **BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR** (Name of the College)

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

Signature and Date

Official Certification

This is to certify that JONNADULA GOPI *(Name of the student)* Reg. No. Y203022007 has completed his/her Internship in UPHC, MALLIKARJUNAPET *(Name of the Intern Organization)* on **Medical Statics in administrative Department** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLAGE** *(Name of the College).*

This is accepted for evaluation.

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
MALLIKARJUNAPET

(Signatory with Date and Seal)

Endorsements

Faculty Guide

D. Phebe Sarah

Head of the Department

Principal

Swathi G 15/2/23

Certificate from Intern Organization

This is to certify that JONNADULA GOPI *(Name of the intern)* Reg. No Y203022007 of ANDHRA CHRISTIAN COLLEGE, GUNTUR *(Name of the College)* underwent internship in UPHC MALLIKARJUNAPET *(Name of the Intern Organization)* from 21-04-2023 to 21-06-2023

The overall performance of the intern during his/her internship is found to be Satisfactory (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: JONNADULA GOPI
Programme of Study:
Year of Study:
Group:
Register No/H.T. No:
Name of the College:
University:

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		200	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: JONNADULA GOPI
Programme of Study:
Year of Study:
Group:
Register No/H.T. No:
Name of the College:
University:

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

Certificate from Intern Organization

This is to certify that **KAMBHAM SANDEEP** Reg. No **Y203022008** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **KURAPATI SANDEEP** Reg. No **Y203022009** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **MODUGU RAJ KUMAR** Reg. No **Y203022010** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

An Internship Report on

Medical Statistics in MRD Department of Government General Hospital

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

Srmt. G. Nirmala Kumari (MSc.MPhil)

(Name of the Faculty Guide)

Department of

BOTANY Andhra Christian College Guntur

(Name of the College)

Submitted by:

NANDI JYOTHI VARSHINI

(Name of the Student)

Reg.No: Y203022011

Department of **BOTANY**

Andhra Christian College Guntur

(Name of the College)

Student's Declaration

I, NANDI JYOTHI VARSHINI a student of III BSc.BZC Program, Reg. No. Y203022011 of the Department of BOTANY College do hereby declare that I have completed the mandatory internship from 1-05-2023 to 31-05-2023 in Govt.General Hosiptal Guntur (Name of the intern organization) under the Faculty Guideship of Srmt. G.Nirmala Kumari (Name of the Faculty Guide), Department of BOTANY, ANDHRA CHRISTIAN COLLEGE GUNTUR (Name of the College)

N. Jyothivarshini

(Signature and Date)

Official Certification

This is to certify that **NANDI JYOTHI VARSHINI** *(Name of the student)* Reg. No. **Y203022011** has completed his/her Internship in **Govt.General Hosiptal Guntur** *(Name of the Intern Organization)* on **Medical Statistics In MRD Depratment Of Government General Hospital** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc.BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLEGE** *(Name of the College).*

This is accepted for evaluation.

(Signatory with Date and Seal)

Endorsements

G. Nirmala Kumari

Faculty Guide

D. Thebe Sarah

Head of the Department *(Signature and Date)*

Principal

Swaroja 15/6/23.

Certificate from Intern Organization

This is to certify that NANDI JYOTHI VARSHINI *(Name of the intern)*

Reg. No Y203022011 of ANDHRA CHRISTIAN COLLEGE GUNTUR

(Name of the College) underwent internship in Govt.General Hosiptal Guntur

(Name of the Intern Organization) from 1-05-2023 to 31-05-2023

The overall performance of the intern during his/her internship is found to be

_____ (Satisfactory/Not Satisfactory).

Authorised Signatory with Designation and Seal

CIVIL SURGEON R.M.O
Govt. General Hospital
GUNTUR.

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: N. Jyothi Vaishini
Programme of Study: Medical statistics in MRD department.
Year of Study: 2020 - 2023
Group: BSC CBZ
Register No/H.T. No: 4203022011
Name of the College: Andhra christian college
University: Acharya Nagarjuna university

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

G. Nirmala Kumari
Signature of the Faculty Guide

Signature of the Internal Expert

Swathi B 15/12/23
Signature of the External Expert

Signature of the Principal with Seal

An Internship Report on

Medical Statistics in MRD Department of Government General Hospital

(Title of the Semester Internship Program)

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

Srmt. G. Nirmala Kumari (MSc.MPhil)

(Name of the Faculty Guide)

Department of

BOTANY Andhra Christian College Guntur

(Name of the College)

Submitted by:

NEERUKONDA PRAVALLIKA

(Name of the Student)

Reg.No: Y203022012

Department of **BOTANY**

Andhra Christian College Guntur

(Name of the College)

Student's Declaration

I, N. Pravallika a student of III BSc.BZC

Program, Reg. No. Y20302012 of the Department of BOTANY

College do hereby declare that I have completed the mandatory internship

from 1-05-2023 to 31-05-2023 in Govt.General Hospital Guntur

(Name of the intern organization) under the Faculty Guideship of

Smt. G.Nirmala Kumari (Name of the Faculty Guide), Department of

BOTANY, ANDHRA CHRISTIAN COLLEGE GUNTUR

(Name of the College)

N. Pravallika

(Signature and Date)

Official Certification

This is to certify that **NEERUKONDA PRAVALLIKA** *(Name of the student)* Reg. No. **Y203022012** has completed his/her Internship in **Govt.General Hosiptal Guntur** *(Name of the Intern Organization)* on **Medical Statistics In MRD Depratment Of Government General Hospital** *(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of **BSc.BZC** in the Department of **BOTANY ANDHRA CHRISTIAN COLLEGE** *(Name of the College)*.

This is accepted for evaluation.

(Signatory with Date and Seal)

Endorsements

G Nirmala Kumari

Faculty Guide

D Phebe Sarah

Head of the Department *(Signature and Date)*

Principal

Sudhakar 15/2/23

Certificate from Intern Organization

This is to certify that NEERUKONDA PRAVALLIKA *(Name of the intern)*
Reg. No Y203022012 of ANDHRA CHRISTIAN COLLEGE GUNTUR
(Name of the College) underwent internship in Govt.General Hosiptal Guntur
(Name of the Intern Organization) from 1-05-2023 to 31-05-2023

The overall performance of the intern during his/her internship is found to be _____ (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

CIVIL SURGEON R.M.O.
Govt. General Hospital
GUNTUR.

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: N. Pravallika
Programme of Study: Medical Statistics in MRD Department
Year of Study: 2020 – 2023
Group: BSC. BZC
Register No/H.T. No: Y203022012
Name of the College: Andhra Christian College, Guntur
University: Acharya Nagarjuna University

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		**200**	

G. Nirmala Kumari
Signature of the Faculty Guide

Signature of the Internal Expert

15/7/23
Signature of the External Expert

Signature of the Principal with Seal

Certificate from Intern Organization

This is to certify that **NUTAKKI SUSHANTH** Reg. No **Y203022013** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **SHAIK JANI BASHA** Reg. No **Y203022014** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

Certificate from Intern Organization

This is to certify that **SHAIK SHAHEENA** Reg. No **Y203022015** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR

Authorized Signatory with Date and Seal

An Internship Report on

MEDICAL STATISTICS IN LAB TECHNOLOGY DEPARTMENT OF UPHC

Submitted in accordance with the requirement for the degree of

BSc BZC

Under the Faculty Guideship of

DR .V.EZRA VIJAYA SEKHAR M.Sc,M.phill,P.hd,Lecturer in botany

Department of

BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR

Submitted by:

ZADDA GURAPPADU

(Name of the Student)

Reg.No: Y203022016

Department of BOTANY

ANDHRA CHRISTIAN COLLEGE

(Name of the College)

Student's Declaration

I, **ZADDA GURAPPADU** a student of **III BSc BZC** Program,
Reg. No. **Y203022016** of the Department of **BOTANY** College do hereby declare that I have completed the mandatory internship from **21-04-2023** to **21-06-2023** in **UPHC MALLIKARJUNAPET** under the Faculty Guideship of **DR .V.EZRA VIJAYA SEKHAR M.Sc,M.phill,P.hd** Department of **BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR** (Name of the College)

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.
(MEDICAL OFFICER).

Official Certification

This is to certify that ZADDA GURAPPADU Reg. No. Y203022016 has completed his/her Internship in **UPHC, MALLIKARJUNAPET,GUNTUR on Medical Statistics in Lab Technology Department** under my supervision as a part of partial fulfillment of the **Requirement for the Degree Of BSc BZC in the Department of BOTANY ANDHRA CHRISTIAN COLLAGE .** This is accepted for evaluation.

(Signature with Date and Seal)

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

Endorsements

Faculty Guide

Head of the Department

Principal

15/4/23

Certificate from Intern Organization

This is to certify that **ZADDA GURAPPUDU** Reg. No **Y203022016** of **ANDHRA CHRISTIAN COLLEGE**, GUNTUR underwent internship in **UPHC MALLIKARJUNAPET, GUNTUR** from **21-04-2023** to **21-06-2023**

The overall performance of the intern during his/her internship is found to be Satisfied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER
URBAN PRIMARY HEALTH CENTRE
Mallikarjunapeta, GUNTUR.

Authorized Signatory with Date and Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: Z. GURAPPADU
Programme of Study: Medical Statistics in Lab Technology Department of UPHE,
Year of Study: 2020 – 2023
Group: BSc, CBZ
Register No/H.T. No: Y203022016
Name of the College: ANDHRA CHRISTIAN COLLEGE
University: Acharya Nagarjuna University

Sl.No	*Evaluation Criterion*	*Maximum Marks*	*Marks Awarded*
1.	Internship Evaluation	80	
2.	For the grading giving by the Supervisor of the Intern Organization	20	
3.	Viva-Voce	50	
	TOTAL	150	
GRAND TOTAL (EXT. 50 M + INT. 100M)		200	

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal