MEDICAL OFFICER

AUREIAN PRIMARY HEALTH CENTRE

AUREIAN PRIMARY HEALTH CENTRE Seal

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 _______ (Satisfactory/Not Satisfactory).

MEDICAL OFFICER

AURERAN PRIMARY HEALTH CENTRE

Mellikarjunapeta, GUNTOR Seal

MEDICAL OFFICER

AWARIAM PRIMARY HEALTH CENTRE

AND OFFICER

AWARIAM PRIMARY HEALTH CENTRE

AWARIAM PRIMARY

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 Shokhar.
(Name of the Faculty Guide)
,
Department of
BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR
(Name of the College)
Submitted by:
Darsanapu.Sudheer
(Name of the Student)
(Name of the Stadent)
Reg.No: Y203022004
Reg.No.
Department of BOTANY
ANDHRA CHRISTIAN COLLEGE
ANDITION CITITOT MIN 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
Directory (Name of the Faculty Guide), Department of
BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR (Name of the College)

Subjection (Signature and Date)

19 1-23

Official Certification

This is to certify that _	Darsa	napu.Sudheer	(Name of
the student) Reg. No			
UPHC, MALLIKARJUNAP			ntern Organization) on
Medical Statics in a	dministrative		
under my supervisie			
requirement for t	he Degree	of BSc BZC	in the Department of
BOTANY ANDHRA CI	HRISTIAN CO	LLAGE (Name of	the College).
This is accepted for ev-	aluation.		

(Signatory with Date and Seal)

Endorsements

Faculty Guide

Head of the Department

Principal

Continue (ala)

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: Dansangu, Sucheen Programme of Study: Administration work

Year of Study:

Group:

2020 - 2023 BSC CBZ - III THY UN

Register No/H.T. No: 4203022004
Name of the College: A. C. college Gunhar University: Achanya 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	
GRAN	D 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. Daniel Rajesheras Msc. phd.
(Name of the Faculty Guide)
Demonstration of the Control of the
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
ı
(Name of the College)

Page No

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 Patrackuna (Name of the Faculty Guide), Department of BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR (Name of the College)

E. Ratha Kuman (Signature and Date)

Official Certification

This is to certify that	E.RAT	NA KUMAR	(Name of
the student) Reg. No	Y203022005	_ has complete	d his/her knternship in
UPHC, MALLIKARJUNAP			Intern Organization) on
Medical Statics in a	dministrative	Department (Title of the Internship,
under my supervisi	on as a p	art of partial	fulfillment of the
requirement for	the Degree	of BSc BZC	in the Department of
BOTANY ANDHRA C			
This is accepted for ev	aluation.		

(Signatury with Date and Seal)

Endousements

Family Oxide

obline of the Reproducers

Principal

Sulling A123

This is to certify that E.RATNA KUMAR (Name of	the intern) Reg. No
Y203022005 of ANDHRA CHRISTIAN COLLEGE, GUN	TUR (Name of the
College) underwent internship in UPHC MALLIKARJUN	APET (Name of the
Intern Organization) from 21-04-2023 to 21-06-2023	
The overall performance of the intern during his/her inter	nship is found to be
(Satisfactory/NotSatisfactory).	

Authorized Signatory with Date and Seal

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: E, Ratna Kumeer.

Programme of Study:

Year of Study:

20-23

Group: BSC.(Cb2)
Register No/H.T. No: Y203022005

Name of the College: A.C. College.
University: ANU.

SI.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
DO VIEZRA VIJAYA SEKHAR M.SC. MI, PWIL P. ho
(Name of the Faculty Guide)
Department of
BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR
(Name of the College)
(Name of the conege)
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. Exer. V. Jayo Sekkov, ma military (Name of the Faculty Guide), Department of BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR (Name of the College)

LIEDICAL OFFICER
UNBAN MINISTRY REALTH CENTRE
(MINISTRY DAMPIESE GUNTES).

Official Certification

This is to certify that _	GOLLAMA	NDHAL	A PA	VAN KU	MAR		(Nan	ne of
the student) Reg. No	Y203022006	5 has	s cor	npleted	his/h	er Inte	rnshi	p in
UPHC, MALLIKARJUNAPI	ET	(Na	me o	of the In	itern (Organiz	zation) on
Medical Statics in a	dministrativ	e Dep	artm	ent (T	itle of	the 1	ntern	ship)
under my supervisio	on as a	part	of	partial	fulfil	lment	of	the
requirement for t	he Degree	of	BS	c BZC	n the	Depar	tmen	t of
BOTANY ANDHRA CH	HRISTIAN C	OLLA	3E (1	Name of	the Col	lege).		
This is accepted for eva	aluation							

MEDICAL OFFICER

(MEDICAL OFFICER

(MEDICAL OFFICER)

Endorsements

Faculty Guide

Head of the Department

Principal

Swelling 1 A123

Authoriz RAMARIMARY BEAUTHUSENTRE

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	
GRAN	D 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	
GRAN	D 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 WIRYZ SEKHAL MSCMPhill (Name of the Faculty Guide) Leetver in Bo
(Name of the Faculty Guide) Leefter in Bo
Department of
BOTANY ANDHRA CHRISTIAN COLLEGE, GUNTUR
BOTANT ANDMA CIMISTAN COLLEGE, CONTOR
(Name of the College)
Cubmitted by
Submitted by:
JONNADULA GOPI
(Name of the Student)

(Name of the College)

ANDHRA CHRISTIAN COLLEGE

Reg.No: Y203022007

Department of BOTANY

Student's Declaration

I, JONNADULA	A G	OPI a	student of l	III BSc BZC	Program	١,	
Reg. No. Y203022007 of the Department of BOTANY College do hereby							
declare that I h	ave	comple	ted the man	datory inte	rnship fro	om 21-0	4-2023
to 21-06-2023	in	UPHC	MALLIKAR	JUNAPET	(Name	of the	intern
organization)		under	the	Faculty	Gui	deship	of
			(Name of	the Faculty	Guide),	Departn	nent of
BOTANY, ANDHRA CHRISTIAN COLLAGE, GUNTUR (Name of the College)							

MEDICAL OFFICER

URBAN PRIMARY JEALTH CENTRI

Mallikarjunapeta, GUNTUR.

Official Certification

This is to certify that	JONNADUI	LA GOPI	(Name of
the student) Reg. NoY	'203022007 has	completed his/her	Internship in
<u>UPH</u> C, MALLIKARJUNAPET	(Nam	e of the Intern Org	ganization) on
Medical Statics in adm	ninistrative Depar	tment (Title of t	he Internship)
under my supervision	as a part of	partial fulfillm	ent of the
requirement for the	Degree of E	3Sc BZC in the Do	epartment of
BOTANY ANDHRA CHR	ISTIAN COLLAGE	(Name of the Colleg	re).
This is accepted for evalu	iation.		

MENICAL DEFICER
URBANENTIARY LEALTH CENTR
(Signglary With Palazord SNII) UR

Endorsements

Faculty Guide

Phebu Sarah Head of the Department

Principal

Challe (12/2)

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/NotSatisfactory).

Authorized Signatury with Date and Sea

URBAN PREADRY MALE DE VIII Madalerjunggeta, GUNTUR

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: JONNADULA GOP

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 GOP'

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

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

AUREMAN HEALTH CENTRE

AUREMAN Seal Mariunapota, GUNTORE Seal

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

AUTHORITHAN HEALTH CENTRE

AUTHORITHAN Seal

MARINATIUN APPELA, GUNTORI Seal

MEDICAL OFFICER

AUGUNATION OFFICER

AUGUNATION OFFICER

MEDICAL OFFICER

An Internship Report on

Medical Statistics in MRD Department of Government General Hospital

. (Title of the Semester Internship Program)
Submitted i	n 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 ofBOTANY
	Andhra Christian College Guntur
	(Name of the College)
- 2	
	Page No

Student's Declaration

1, NANDI JYOTHI VARSHINI	a student ofIII BSc.BZC
Program, Reg. No. Y203022011	
	I have completed the mandatory internship 2023 in Govt.General Hosiptal Guntur
(Name of the intern organiza	
BOTANY	ANDHRA CHRISTIAN COLLEGE GUNTUR
(Name of the College)	

N. Tyolli Vauchini (Signature and Date)

Official Certification

This is to certify that NANDI JYOTHI VARSHIN	NI (Name of the
student) Reg. NoY203022011 has complete	ed his/her Internship in
Govt.General Hosiptal Guntur (Name of the Inte	ern 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 ofBSc.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. Nirmela Lixonari
Faculty Guide

Thebe Sarah

Head of the Department

(Signature and Date)

Principal

This is to certify that	I JIOIHI VARSHINI	(Name of the intern)
Reg. NoY203022011	of ANDHRA CHRIST	IAN COLLEGE GUNTUR
(Name of the College) underwe	ent internship in Govt.	General Hosiptal Guntur
(Name of the Intern Organizat		** ** ***
		,
The overall performance of the	ne intern during his/her	internship is found to be
(Satisfac	ctory/NotSatisfactory).	

Authoritistrageon Rim. Od Scall
Govt. General Hospital
GUNTUR.

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: N. Tyothi Vorulini

Programme of Study: Mcdical statistics in MRD department.

Year of Study: 2020 - 2023

Group: BSC CBZ

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Register No/H.T. No: 4203022011
Name of the College: Andhea cheistian college
University: Achorya Magaziuna 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. Nirmela Kumari 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 Statistics in MRD Department of Government General Hospital

	(Title of the Semester Internship Program)
Submitted	l 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 ofBOTANY
_	Andhra Christian College Guntur
	(Name of the College)

Page No

Student's Declaration

I. N. Pravallika	a student ofBSc_BZC
Program, Reg. No. Y243	022012 of the Department of BOTANY
College do hereby declar	e that I have completed the mandatory internship
from 1-45-2023 to _	31-45-2023 in Govt General Hosiptal Gantur
(Name of the intern or;	ganization) 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. Pravallika (Signature and Date)

Official Certification

This is to certify thatNEERUKONDA 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. Wirmala Memori
Faculty Guide
& Phebe Sarah
Head of the Department (Signature and Date)
*
Principal
(which)

This is to certify that _	NEERUKONDA PRAVALLIKA	(Name of the intern
Reg. NoY203022012	of ANDHRA CHRISTIAN	COLLEGE GUNTUR
(Name of the College) u	nderwent internship in Govt.Ge	neral Hosiptal Guntur
	ganization) from 1-05-2023	to
The overall performand	ce of the intern during his/her int	ternship is found to be
(9	Satisfactory/Not Satisfactory).	

Authorized Signotoconi R. M. Ond Sea.

CIVIL SURGEON R. M. Ond Sea.

Govt. General Hospital

GUNTUR.

1

Page No

EXTERNAL ASSESSMENT STATEMENT

Name Of the Student: N. Pravallika

Programme of Study: Medical Statistics En MRD Department

Year of Study: 2020 - 2023

Group: BSC BZC

Name of the College: Andhra Christian College, Guntur University: Acharya Naganjuna 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. Nirmela Kumari Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

MEDICAL OFFICER

MEDICAL OFFICER

AUREAM PRIMARY HEALTH CENTRE

Mellikerjunapeta, GUNGOR Seal

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

AURENAM PRIMARY HEALTH CENTRE

AURENAM PRIMARY HEALTH CONTROL Seal

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 Sahafied (Satisfactory/Not Satisfactory).

MEDICAL OFFICER

AUGUM PRIMARY HEALTH CENTRE

Mellikarjunapeta, GUNTOR 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: Y

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)

URBAN PRIMARY HEALTH CENTRE MENIMENTICAL 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.

(Signato PRIMARY HEALTH GENTRE URBAN PRIMARY HEALTH GENTUR.)

Endorsements

Faculty Guide

Head of the Department

Principal

Swallis (Alr)

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 _______ (Satisfactory/Not Satisfactory).

MEDICAL OFFICER

AUTREAN PRIMARY HEALTH CENTRE

AND SEAL OFFICER

AUTREAN PRIMARY HEALTH CENTRE

SEAL OFFICER

SEAL OFFICER

AUTREAN PRIMARY HEALTH CENTRE

SEAL OFFICER

S

EXTERNAL ASSESSMENT STATEMENT

Programme of Study: Medical Statistics in lab technology Departement of UPHE,

Year of Study: 2020 - 2023

Group: BSc, CBZ

Register No/H.T. No: \$2030 22016

Name of the College: ANDHRA CHRISTIAN COLLEGE

University: Achalya Nagaljuna 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	

Swalling p.h.

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal