



**DR. C.S. DAWN, INDIAN COLLEGE OF MATERNAL & CHILD HEALTH
(ICMCH)**

25 – B, C. I. T. ROAD, KOLKATA – 700 014, Phone – (033) 2249 5767/ 0-9748775767
Email : csdawn_icmch2006@yahoo.co.in

TRAINING COMPLETION CERTIFICATE

For Dip. G. O. /DMW course

**On acceptance of this certificate by Dr. C. S. Dawn ICMCH, Trainee can sit for Exam.
(Incompletely written Certificate will be rejected)**

**To,
The Dean
Dr. C. S. Dawn ICMCH
25-B, C. I. T. Road, Kolkata – 700 014**

Fix your
photo
here

Sir/ Madam,

1. I worked for one year as assistant to my Fellow Guide Dr.....Date of my admission.....Date of Completion of training.....Days of absence from duty.....Daily diary written in days.....
2. I enclose DD of Rs. 13,000/- (Dip GO) OR Rs.12,000/- (DMW) for sitting on the examination . Sending all above before 28th February to receive my Admit Card with examination dates by 3 weeks.
3. I have distributed in one year DAWN Rule of Ten RCH Calendar No Adolescent Calendar noHealthy lifestyle Calendar no.....
4. I have done hand on practice myself on antenatal checkups on Dawn Rule of Ten No.....Vaginal deliveries with episiotomy No.....D & C No..... Dilatation & Evacuation No..... MTP No.....Cu T Insertion No..... OC distribution No.....Tubectomy No.....Caesarean Section assisted No.....Hysterectomy assisted No..... Low forceps / Vacuum Extraction No.....Other minor operation.....
5. I have written 10 Obs. / Gyn. Clinical case notes and sent them to Dr. Chandravati in photocopied ICMCH proforma with logo and a photograph of Dr. C. S. Dawn our founder may be attached as a mark of respect. I received case records acceptance card, otherwise, I cannot sit for exam. I will bring the card sent by Head quarters, Kolkata, to examination Centre.
6. I will take 15 Obs. / Gyn. answers (bound) and also second set 10 Obs. / 10 Gyn. clinical case notes (bound) and daily diary – all signed by FG to the final examination centre at Kolkata, for all Dip. G. O. Examination.

I will bring two copies of my passport size coloured photograph to Kolkata. Unless fulfill all above cannot sit for examination. (write name at the back of photo)

Yours sincerely,

Date..... Signature of Trainee

Name (Block Letters).....

Address.....

City/Town.....Postal Code.....Phone.....

Email of TraineeMobile No.

Fellow Guide does not forward this Certificate unless she/he is satisfied with working of trainee. When trainee's work is satisfactory this certificate is forwarded.

Forwarded by FG Signature by FG.....

Name of FG (Block Letters).....

Address.....

Postal Code.....Phone.....

Date.....Email of FG