

[Name of the College]

(Affiliated to Kerala University of Health Sciences)

PASS CERTIFICATE FOR UNDERGOING INTERNSHIP

This is to certify that [Student Name], bearing Register Number [Reg. No.], has successfully passed all the Examinations of the Bachelor of Ayurvedic Medicine and Surgery (BAMS) course conducted by the Kerala University of Health Sciences, including the Final Professional Examination held in [Month, Year].

This certificate is issued to enable the candidate to undergo the **Compulsory Rotatory Internship** as mandated by the National Commission for Indian System of Medicine (NCISM), for the purpose of provisional registration at Kerala State Medical Councils.

Date of Result Publication: [DD-MM-YYYY]

Date of Issue: [DD-MM-YYYY]

This certificate is issued only for the purpose of provisional registration and is not a Degree Certificate.

(College Seal)

Signature

Principal

Name of the College