

ADDITIONAL LIST OF CERTIFICATES

CATEGORY-1	CERTIFICATE 1 AND 3 OR 4
CATEGORY-2	CERTIFICATE 3 OR 4
CATEGORY-3	CERTIFICATE 1 WITH OR WITHOUT CERTIFICATE 2 AND 5
CATEGORY-4	CERTIFICATE 2 AND 5
CATEGORY-5	NONE

FORMAT OF CERTIFICATE-1

(ON OFFICIAL LETTER HEAD OF THE DIRECTOR, ST JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES)

Ref No.Date:_____

CERTIFICATE

This is to certify that Dr _____ M.B.B.S. Graduate (~~2009 Batch~~) of this Institution has done two years Rural Service as required by the bond executed by him at the time of his admission to St. John's Medical College as under:

RURAL MEDICAL CENTRE

Postal address of Rural centre

PERIOD OF SERVICE

_____ to _____

Director

FORMAT OF CERTIFICATE- 2

(ON OFFICIAL LETTER HEAD OF THE PARISH PRIEST)

Ref No.Date:_____

CERTIFICATE

This is to certify that Dr _____ is a Roman Catholic and a bonafide member of this parish, which belongs to archdiocese/Diocese of _____ in the State of _____.

Signature
Name of the Parish Priest with official seal

FORMAT OF CERTIFICATE -3

(ON OFFICIAL LETTER HEAD OF THE PROVINCE/CONGREGATION)

Ref No.Date: _____

CERTIFICATE

This is to certify that Rev.Sister/Brother. _____ is a bonafide Professed member of the _____ province of the _____ congregation. She/he is seeking Post-graduate medical admission with the knowledge and approval of authorities concerned.

Name and signature
Provincial Superior/Superior General
Official seal

FORMAT OF CERTIFICATE- 5

(ON OFFICIAL LETTER HEAD OF THE PARISH)

BAPTISM CERTIFICATE

NAME _____ SEX _____

BORN ON _____ AT _____

BAPTISED ON _____ AT _____

NAME OF THE FATHER _____

NAME OF THE MOTHER _____

RESIDENCE AT TIME OF BAPTISM _____

GODFATHER _____

GODMOTHER _____

MINISTER OF BAPTISM _____

CONFIRMED _____ MARRIED _____

Certified to be a true copy of an entry in the baptism register kept at _____

Date _____

Signature of Parish Priest with seal

FORMAT OF CERTIFICATE -4

(ON OFFICIAL LETTER HEAD OF THE DIOCESE/ARCHDIOCESE)

Ref No.Date: _____

CERTIFICATE

This is to certify that Rev.Fr. _____ is a bonafide Priest in the Archdiocese/Diocese of _____ in the state of _____ He is seeking Post-graduate medical admission with the permission of the Archbishop/Bishop.

Name and Signature of Archbishop/Bishop
Official seal