SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

DETAILS OF ORAL PAPER, POSTER PRESENTATIONS AND PUBLICATIONS FOR M.D./M.S./D.M./M.Ch. UNIVERSITY EXAMINATIONS

Name of the Candidate

Department:

Certified that the above details have been verified and found correct. The Xerox copies of the above MCI requirements are herewith enclosed		(Please indicate in word	Oral Paper Presentation
found correct. The Xerox copies of the above MCI r		(Please indicate in words and mention complete details and use separate form for each individual)	Poster Presentation
equirements are herewith enclosed.		orm for each individual)	Publications indicate whether the paper is published/accepted/sent for publication

Date:

Name & Designation:

* Also certified that the candidate has fulfilled all the above requirements as per MCI guidelines and is eligible to appear for final university examinations.

Signature of the HOD