

Bonafide Certificate

This is to certify that the following Student(s)

1) Dr. _____ I / II/ IIIyear

2) Dr. _____ I / II/ IIIyear

3) Dr. _____ I / II/ IIIyear

4) Dr. _____ I / II/ IIIyear

5) Dr. _____ I / II/ IIIyear

6) Dr. _____ I / II/ IIIyear

7) Dr. _____ I / II/ IIIyear

8) Dr. _____ I / II/ IIIyear

9) Dr. _____ I / II/ IIIyear

10) Dr. _____ I / II/ IIIyear

is/are Anaesthesiology Post-Graduate(s) of our institute

who is/are authorized to attend **ISACON TAMILNADU 2020, KODAIKANAL.**

Date:

Place:

HOD Signature & Seal