

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 (20__ 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:_____

C E R T I F I C A T E

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: _____

C E R T I F I C A T E

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 -4

(ON OFFICIAL LETTER HEAD OF THE DIOCESE/ARCHDIOCESE)

Ref No.

Date:_____

C E R T I F I C A T E

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

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

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