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Project on

(Session --20-- -- 20--)

Candidate

Supervisor

Name of the Institute

Logo of CBHI

Address of CBHI

Declaration

I, _____, participant of the Medical Record Officers Training course in the session 20-- -- 20-- at of Safdar Jung Hospital, New Delhi / JIPMER, Pudicherry conducted by Central Bureau of Health Intelligence, DGHS, Ministry of Health & Family Welfare, New Delhi is submitting my Project work on " _____ " which is the original work done by me.

Signature of the Candidate

(_____)

(Session 20 - 20)

SJH/ JIPMER

CERTIFICATE FROM THE INSTITUTE

This is to certify that the project titled “_____” is undertaken by Mr/ Ms _____, a trainee of MRO for session 20--
- 20-- and conducted at _____ under my guidance and supervision.

Signature of the Supervisor

(Name: _____)

Designation with office stamp

