

To be completed and returned to the council in confidence by the Medical Officer in charge of internship hospitals recognised by the council).

1. Details of Rotary Internship:

Name of speciality	Scheme A-Duration	Name of Consultant
	From	To
Medicine
Surgery
Obstetrics and Gynaecology
Paediatrics

Name of speciality	Scheme B-Duration	Name of Consultant
	From	To
Medicine
Obstetrics, Gynaecology and Paediatrics

2. Comments on the performance and conduct of the intern:

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I declare that the information given above is true and accurate to the best of my knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant for full registration.

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FULL NAMES OF HEAD INTERNSHIP HOSPITAL	SIGNATURE	DATE