

Ref : .....

Date : .....

## ATTEMPT CERTIFICATE

This is to certify that Sri. / Kum ..... a Medical  
(Name of the Student)

Student has passed his/her MBBS university examination from .....

.....  
(Name and address of the College)

affiliated to .....  
(Name and address of the University)

on dates and attempts shown below :

Sl No	Examination	Months & Year of Passing	Number of attempts
1.	First Year		
2.	Second Year		
3.	Third Year Part I		
4.	Third Year Part II		

Institution Seal

Name and Signature of the Principal

(Stamp of the Principal)