



**Government of West Bengal**  
**Office of the Principal**  
**NILRATAN SIRCAR MEDICAL COLLEGE**  
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**Memo No.:** NMC/ **Kolkata, the ...../...../2024**

## **Bonafide Certificate**

This is to certify that ....., S/D/O ..... is a  
Bonafide Post Graduate Trainee of NRS Medical College, Kolkata in department of  
.....of 20.....-20..... session.

He is a boarder of the .....Hostel, (.....Hostel  
Address, Kolkata-700014), Room no: ....., Key No. ....allotted by the  
college authority.

**Principal**  
**NRS Medical College, Kolkata**