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Project on

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

Candidate

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Supervisor

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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**

