OFFICE OF THE PRINCIPAL

UTKALMANI HOMOEOPATHIC MEDICAL COLLEGE AND HOSPITAL
Rourkela – 769010, ODISHA
E-Mail: - uhmcrkl@gmail.com Phone No.-0661-2601234

TO WHOMSOEVER IT MAY CONCERN

This is to inform that Mr./Miss _____

a student of _____ B.H.M.S presently studying in this institution in the current year _____ has attended _____ number of classes out of the _____ number of total classes held as per the attendance records.

This information is provided as requested by the student to apply for Odisha State Scholarship Portal only.

I/C ACADEMIC

Date : _____ **UHMC& H, Rourkela**