

To

The Registrar, All India Para Medical Faculty ,

Sir,

Please ,register my name provisionally **All India Para Medical Faculty** , for the purpose of employment in a resident medical capacity for a period of 6 (six) months in an approved Institution as per recommendation of the Principal, _____
(Name of para medical College) , enclosed.

1. Name of the Institution : _____
2. Date of commencement of Internship Training : _____

3. Name of the applicant (In block letters) :
 - a) Forename : _____
 - b) Middle Name : _____
 - c) Surname : _____
4. Date of birth : _____
5. Father's Name : _____
6. Present Address (In block letters) : _____

_____ Pin Code _____
7. Permanent Address (In block letters) : _____
_____ Pin Code _____
8. Telephone No. / Mobile No. : _____

Affix Passport size photograph, preferably computerized, duly signed by the candidat

Internship Details

1. Duration of Internship:

From (Date) _____ **to (Date)** _____

2. Number of months: _____

I solemnly declare that I will not carry on Private Practice on the basis of this Provisional Certificate.

Yours faithfully,

(Signature of the Applicant in full)