

**To**

**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 3( Three ) months in an approved Institution as per recommendation of the Principal, \_\_\_\_\_  
( Name of para medical College ) , enclosed.

Course\_\_\_\_\_

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 )