Board of Paramedical Education & Training

INTERNSHIP FORM

Session : 20 ___ - 20 ___

To,

The Chairman,
Board of paramedical education and training

Sir,

Passport Size Photo

I Completed My Six/Three month Internship from (Name of hospital/Lab) _____

_____ and I attached my internship certificate's Xerox copy with form. So, kindly provide me my diploma certificate.

1. Name of the Institution/Study Center: _____

2. Enrollment Number : _____ Course : _____

3. Student Name : _____

4. Father's Name : _____

5. Mother's Name : _____

6. Date of Birth : ☐ ☐ ☐ 7. Gender : Male ☐ Female ☐

7. Present Address : _____

_____ Pin Code : _____

8. Permanent Address : _____

_____ Pin Code : _____

9. Mobile No. : _____ E-Mail Id : _____

10. Duration of Internship : From (Date) _____ to (Date) _____

11. Number of months And Department : _____

Student Signature **Principal's Signature and seal (Institution)**