

Academic Details :

	Name of the Institution	Year of Completion
M.B.B.S.		
Internship		

Do you have service obligation after the completion of internship ? Yes No

Are you planning to pursue a PG Course in the next one year? Yes No

Details of the Institution (Which you are likely to join soon after internship)

Type of Institution		Ownership	
Tertiary Hospital	<input type="checkbox"/>	Mission Hospital	<input type="checkbox"/>
Secondary Hospital	<input type="checkbox"/>	Voluntary	<input type="checkbox"/>
Clinic / Primary Care Institution	<input type="checkbox"/>	Govt. / Quasi Govt.	<input type="checkbox"/>
Community Project	<input type="checkbox"/>	Private Sector	<input type="checkbox"/>
Others	<input type="checkbox"/>	Others	<input type="checkbox"/>

How do you think this course will benefit you? (attach extra sheet, if needed)**What are your long term plans? (attach extra sheet, if needed)****Undertaking :**

- i) All the information given by me in the application form are true and correct to the best of my knowledge.
- ii) The course format and the criteria for the award of the diploma as detailed in the prospectus and other notifications issued by the department are acceptable to me.

Date : _____

Signature