



PARAMEDICAL EDUCATION & TRAINING COUNCIL



INTERNSHIP FORM

SESSION : 20__ - 20__

To,
The Chairman,
Paramedical Education & Training Council
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)