

ZORAM MEDICAL COLLEGE

(An Autonomous Institute under the Government of Mizoram)
FALKAWN - 796005

APPLICATION FORM FOR INTERNSHIP/APPRENTICESHIP CANDIDATES

Paste
Passport
size
photograph
here

1. Name : _____
2. Fathers Name : _____
3. Age : _____
4. Gender : _____
5. Nationality : _____
6. Contact No. & Permanent Address :
(Residential) _____
7. Educational Qualification : _____
8. Pursuing Course/ Degree : _____
9. Duration of Course : _____
10. Name & Address of Institute :
from which Applying _____
11. Affiliated University :
Name and Address _____
12. Duration of the :
Internship/Apprenticeship _____
13. Course Coordinator's :
Name & Designation _____
14. Internal Supervisor's :
Name & Designation _____
15. Documents Supporting :
Attached with Application _____

I hereby declare that I will follow the rules and regulations laid down by Zoram Medical College during my time of Internship/Apprenticeship.

(_____)
Signature of the Applicant

****Candidate should fill up this form and submit it to the Academic Section, Zoram Medical College along with Caution Money ₹1,000/-****