



**INSTITUTE OF PUBLIC HEALTH & HYGIENE**

A Charitable Govt. Recognised Institute providing trained  
Allied Health Professionals for the Health Care Industry world wide Since 1976 !



**APPLICATION FORM FOR UNDERGOING PRACTICAL TRAINING**

**(FILL ALL THE COLUMNS IN BLOCK LETTERS)**

**PROFORMA FOR TRAINING**

1.Registration Number (Roll No.): \_\_\_\_\_

2.Name : \_\_\_\_\_

3.Father's Name: \_\_\_\_\_

4.Student for:

a.TWO YEARS DIPLOMA COURSE CODE :

(Tick 'X' whichever is not applicable)

005-II, 006-II, 011-II, 017-II, 018-II, 019-II, 021-II, 050, 047

b. Student for DEGREE COURSE / OPJS/STAREX UNIVERSITY: B.Sc.MLT, B.Sc.RIT /B.Sc.OT/B.Sc. Dialysis/B.Sc. Cardiac

5.Session: \_\_\_\_\_

6.Address for correspondence: \_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ Email ID: \_\_\_\_\_

7.Name & Address of the Organisation in order of preference where training is to be arranged:

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

Date: \_\_\_\_\_

(Signature of the Candidate)

Attendance:

Clearance from A/c Department: Dues / Paid / Balance

(Incharge)  
Student Welfare Office

(Authorised Signature)  
A/c Department



Institutional Campus : RZ-A-44, Mahipalpur, New Delhi-37 Phone : 091-11- 26782850-54, 26786846-47, 011-41514558 011-41443594

Hotline : 9811817972, 817855228

Visit us : [www.iphhparamedic.in](http://www.iphhparamedic.in)

Admission Enquiry : [iph76@gmail.com](mailto:iph76@gmail.com)



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## UNDERTAKING

I, Mr. / Ms..... student of ..... (Diploma / Degree Course) for the session..... do hereby affirm and declare as under.

1. To Take Internship as an integrated part of my course, I have been posted at ..... (Name of the Hospital) for that I undertake to pay a sum of Rs..... towards training charges.

2. I am aware of the fact 100% attendance is compulsory to complete to internship , I further undertake that I will not take leave , but If I have to take leave I will inform to the Hospital as well as the Institute to get sanctioned.

3.I will be solely responsible for any breakage, damage of any instruments, and any injury due to non-compliance of safety norms.

4.I state that either the Institute or the Hospital is not responsible for any accident or mishappening which happens during my Internship training occurred in hospital, and while heading to or leaving Hospital Premises.

5.I undertake that I have acquired complete theoretical and practical knowledge of the course related to my internship training at the Institute.

6.I undertake that I will not indulge in any illegal or any other unlawfully activities. Incase if I am found indulging in any illegal activity I will be abide by the action taken against me by the Institute or the Hospital.

7. I undertake or abide by all admission and disciplinary rules of the Institute and Instructions issued by the Institute from time to time.

Date:.....

(\_\_\_\_\_)

Signature of the candidate

