GOVIND BALLABH PANT INSTITUTE
OF
POSTGRADUATE MEDICAL EDUCATON & RESEARCH (GIPMER)
(GOVT. OF NCT OF DELHI)
1, J.L. Nehru Marg, New Delhi-110002 (INDIA)
E-Mail: msgbpant@nic.in Website:gbpant.delhigovt.nic.in

Proforma for Internship / Training / Observership Application

Personal Details

1	Full Name (in block letters)	
2	Father's Name	
3	Date of Birth	
4	Gender	
5	Aadhaar Number	
6	Mobile Number	
7	Email Address	
8	Residential Address	

Academic Details

1	Name of the Parent Institute	
2	Course Currently Pursuing	
3	Year of Study (Session)	
4	Enrollment / Roll Number	

Training Details

1	Type of Training	Internship / Training / Observership
2	Department at GIPMER	
3	Proposed Duration (From – To)	

4. Document Checklist (attach self-attested copies)

☐ Aadhar Card ☐ 10th Class Certificate ☐ Pursuing Course Passing Certificate ☐ One Photo
☐ Letter of Recommendation from Institute ☐ No Objection Certificate ☐ Proposed Training Details

5. Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that the final decision regarding my internship/training/observership rests with GIPMER and its authorities.

Signature of Applicant: _____
Date: _____

For Office Use Only (To be filled by Department)

	Total Seats	Filled Seats	Vacant Seats
1	Remarks by HOD/Department		Allowed / Not Allowed
2	**Tentative Date for commencement**		

Signature of HOD with Stamp