

APPLICATION FORM FOR JOINING THE INTERNSHIP

From:

Name of the Student : _____

Register Num : _____

Mobile Num : _____

Email ID : _____

To,

The principal
Sri. Mallikarjun Vidya Verdhak Sangh's
Smt. Rajeshwari Karpurmath Memorial (RKM),
Ayurved Medical College, Hospital & PG Research Centre,
Vijayapur: 586103

Sub: Joining the Internship

I Mr. / Ms. / Mrs. _____

have completed Final Year BAMS during _____ Examination. I would like to join the internship course, along with this application I have enclosed final year marks card, challan copy and the relevant documents. I will submit the PRC as soon as I get it from the board.

Kindly consider & and do the needful.

Thanking you,

Yours faithfully

Place: Vijayapur

Date: