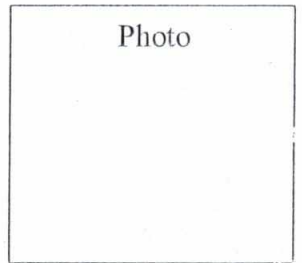


GOVERNMENT MEDICAL COLLEGE & HOSPITAL, CHANDIGARH
(PROFORMA FOR APPLYING MBBS INTERNSHIP)

1. Class Roll No.(Parent College) _____
2. Name of candidate _____
3. Fathers' Name _____
4. Date of Birth _____
5. Correspondence Address _____

- Mobile No. _____
- e-mail _____
6. College presently studying _____

7. Reason for Migration _____
(attach proof) _____
8. Results of MBBS course _____
(attach proof)
9. Provisional Registration No. _____
(attach proof)
10. List of Certificate attached _____



Signature of Applicant

Dated: _____

Recommendations of the Principal/Dean of Parent College

Signature of Principal/Dean of Parent College

Dated: _____