



# INSTITUTE OF PUBLIC HEALTH & HYGIENE



A Charitable Govt. Recognised Institute training Allied Health Professionals since 1976 !  
Training Centre for In-service candidates nominated by Army, Navy & Airforce, Para-military Forces (CRPF,ITBP) and Organizations of National & International repute.

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## PROFORMA FOR TRAINING

APPLICATION FORM FOR UNDERGOING PRACTICAL TRAINING  
(FILL ALL THE COLUMNS IN BLOCK LETTERS)

IPH&H/DO/D.No.....

FORM NO. :-

REGISTRATION NO. :-

Full Name of the Applicant (Fill in the Block letters only)


Father's Name (Fill in the Block letters only)


STUDENT FOR : 2 YRS. DIPLOMA COURSE (TICK 'X' WHICHEVER IS NOT APPLICABLE)  
005-II, 006-II, 011-II, 017-II, 018-II, 019-II, 021-II, 050, 047

STUDENT FOR DEGREE COURSE:  
UNIVERSITY \_\_\_\_\_ COURSE \_\_\_\_\_ SEMESTER \_\_\_\_\_

Permanent Address (Fill in the Block letters only)


EMAIL:

MOBILE NO.

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

### FOR OFFICE USE ONLY

Attendance: Clearance from: \_\_\_\_\_

A/c Department: Dues / Paid / Balance

SIGNATURE INCHARGE  
STUDENT WELFARE OFFICE

SIGNATURE AUTHORISED SIGNATURE  
ACCOUNT DEPARTMENT

Name of Hospital: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Contact Person Name & Mobile No. \_\_\_\_\_  
Training Duration: \_\_\_\_\_  
Training Date: \_\_\_\_\_

IPH&H Institutional Campus : RZ-A - 44, Mahipalpur, New Delhi-110037

ADMISSION HELPLINE : 9811817972, 8178552287

WEBSITE : www.iphparamedic.in

E-MAIL: iphh76@gmail.com

## **DECLARATION**

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

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

**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.**

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

**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.**

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

**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.**

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

**Date:**.....

**Signature of the Candidate**.....