

GOVERNMENT MEDICAL COLLEGE HOSPITAL, SECTOR 32, CHANDIGARH

Application Form

Short Term Attachment with Dietetics Department

Passport
size Photo

1. Name of the candidate : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Address for Correspondence : _____

5. Telephone No. : _____
6. E-mail address : _____
7. Educational Qualification : _____
(Photocopy attached)

Sr.No.	Course	Institute	Year of Passing	%age
1.				
2.				
3.				
4.				
5.				

8. Additional Qualification : _____
9. Experience, if any : _____

10. Institute from which internship was done : _____
11. Period of Internship : _____
12. Extra-curricular Activities : _____
13. Member of Indian Dietetic Association : Yes / No
14. Details of enclosed draft : Amount _____ Dated _____

Dated:

Signature of the Applicant