



GOVERNMENT MEDICAL COLLEGE, ANANTNAG, J&K

(Camp Office: MMABM District Hospital, Anantnag)

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Phone No.01932-227624/25

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APPLICATION FORMAT FOR INTERNSHIP

Form NO.....

Dated.....

Paste recent
photograph here
duly attested by
Gazetted Officer

1. Name of the candidate: _____
2. S/O, D/O, W/O: _____
3. Date of Birth: _____ Mobile No: _____ E-mail _____
4. Permanent Address _____ Aadhaar No _____
5. Name of Course _____ Date of Admission _____
(Enclose Documentary Proof)
6. Name of the Institution _____
7. Discipline/Department(s) _____

Semester wise Percentage.

Semester	1st Semester	2nd Semester	3rd Semester	4th Semester	5th Semester	Total
Max. Marks						
Marks Obtained						
Percentage						

DECLARATION: I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of GMC Anantnag.

Signature of the applicant