



**INSTITUTE OF PUBLIC HEALTH & HYGIENE**  
**COLLEGE OF NURSING & ALLIED HEALTH SCIENCES**  
**JAMMU**

**PROFORMA –CUM-DECLARATION FOR HOSPITAL TRAINING**

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

Enrollment No. : .....

Sl. No.	FULL NAME OF THE APPLICANT (FILL IN THE BLOCK LETTERS ONLY)	
1	FATHER'S NAME (FILL IN THE BLOCK LETTERS ONLY)	
2	EMAIL	
3	PERMANENT ADDRESS (FILL IN THE BLOCK LETTERS ONLY)	
4	MOBILE NO.	
5	NAME OF HOSPITAL	
6	TRAINING DURATION	
7	TRAINING DATE	
8		

**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 .....  
.....(Name of the Hospital) .

- 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 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 the Institute from time to time.

Date:.....

Signature of the Candidate.....