



Dr. Ram Manohar Lohia Institute of Medical Sciences
Vibhuti Khand, Gomti Nagar, Lucknow-226010

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APPLICATION PROFORMA FOR SHORT TERM TRAINING / Observer Ship

Name:

Father's Name:

Date of Birth: Sex: Mob no:

Email id:

Address:

EDUCATIONAL QUALIFICATION: Institute/ College:

..... Course pursuing: Semester:

TRAINING DETAILS:

Duration: Month/Days (Date from to)

Department applied for:



Declaration

I, Mr./Ms./Dr..... do hereby undertake and abide by the following terms:

1. I will deposit the fees for the complete period which is completely non-refundable. Delay in fee deposition will be subjected to late fee.
2. I will be regular and punctual and will conduct myself in a highly disciplined and decent manner within the hospital campus, failing which suitable action may be taken against me as per the rules and regulations of the institute.
3. I will compulsorily follow the dress code and uniform (Lab aprons etc.) and study material prescribed by the institute or department.
4. I will be responsible for replacement of any damage caused by me.
5. I will not cause or involve in any sort of violence or disturbance both within and outside the institute campus.
6. I understand that, if I fail to join the concern training/Observer ship course within 2 weeks from the date of approval, the approval may be stand cancelled.

I have carefully gone through the terms of above undertaking and understand that these are for my own benefit and improvement. I also understand that if I fail to comply with these terms; will be liable to suitable action as per Institute rules and law. I undertake that I will strictly follow the above terms.

I declare that the above details are true to the best of my knowledge. If any information is found false, I will be fully responsible for it.

Date:

Signature of Student:

Note: *The session will be started from 1st of every month. No leave will be permissible during the training.