PROFORMA FOR FOREIGN MEDICAL GRADUATES STUDENTS

| 1. | Name | |
|----|---|--|
| 2 | Father's Name | |
| 3 | email | |
| 4 | Phone No. | |
| 5 | Internship now in College | |
| 6 | Previous internship in Civil Hospital name & duration | |
| 7 | Online/offline study | |
| 8 | Whether you are willing to do full 1 year / 2 year Internship in Medical College from start. | |

(SIGNATURE)