APPLICATION FOR PERMISSION FOR DOING DELHI UNIVERSITY INTERNSHIP OUTSIDE

1. Name of the Candidate:_____
2. Month & Year of passing MBBS Examination:_____
3. Medical College/University from where passed MBBS Examination:_____
   _____
4. Reason for request for transfer of Internship:_____
   _____

PARTICULAR REGARDING INTERNSHIP:

5. Date of Commencement:_____
6. Date of likely completion:_____
7. Medical College where the Candidate is doing Internship at present:_____
   _____
8. Whether the Medical College is recognized by MCI for Internship: Yes/No
9. Date of Internship already completed/intended to be completed from Medical College mention in item 7.

S. No.	Subject	Period		Duration
Total Period				

PARTICULARS OF MEDICAL COLLEGE FROM WHERE REMAINING INTERNSHIP IS TO BE COMPLETED.

10. Name of the Medical College:_____

11. Whether Medical College is recognized by MCI for Internship: Yes/No

12. Date from which the applicant intends to join the next Medical College of Internship: ___

_____

13. Duration of Internship to be done from proposed Medical College:_____

_____

14. Duration of Internship to be completed at proposed Medical College:

S. No.	Subject	Duration (Weeks/Months)

The above information is correct to best of my knowledge. I am submitting the following documents:

1. No Objection Certificate from the Head of the Parent Institution. ☐
2. No Objection Certificate from Medical College where Internship is desired. ☐
3. Certificate from the Medical Council of India that the Medical College where Internship is desired is recognized. ☐

I understand that I would be granted permission for undergoing remaining internship from the other Medical College on my own request. In case any deficiency is detected in my Internship, I undertake to rectify the deficiency to the satisfaction of University of Delhi, Delhi Medical Council, Medical Council of India.

Place:

Date:

_____

Signature

Recommendation of Medical College from where candidate is doing Internship at present.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date: **Competent Authority**

FOR FACULTY OFFICE USE

1. The application has been examined. The application fulfils the requirements stipulated under the guidelines & necessary certificates have been submitted.
2. The application has following deficiens.

Signature