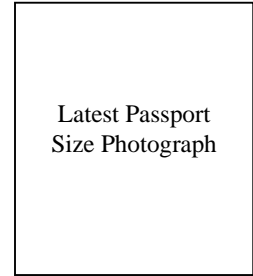


GOVERNMENT MEDICAL COLLEGE & HOSPITAL,
CHANDIGARH

**Application Form for Six Months Physiotherapy Internship with
Orthopaedics Department, Govt. Medical College & Hospital, Chandigarh**

1. Name of the Applicant : _____
2. Father's Name : _____
3. Date of Birth : _____
4. Address for Correspondence : _____
5. Permanent Address : _____
6. Telephone/Mobile No. if any : _____
7. E-mail, if any : _____
8. Education Qualifications : _____



Sr. No.	University/College	Year of Passing	Semester/Prof. wise marks		
			Total Marks	Marks Obtained	%age

9. Category (Please Tick): General S.C. Physically Handicapped
Also Attach Proof

10. Details of enclosed draft : Amount Rs. _____ Dated _____

Bank: _____

Dated: _____.

Signature of Applicant