

**GOVERNMENT MEDICAL COLLEGE HOSPITAL, SECTOR 32, CHANDIGARH**

Application Form

Short Term Attachment with Dietetics Department

Passport  
size Photo

1. Name of the candidate : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_
5. Telephone No. : \_\_\_\_\_
6. E-mail address : \_\_\_\_\_
7. Educational Qualification : \_\_\_\_\_  
(Photocopy attached)

Sr.No.	Course	Institute	Year of Passing	%age
1.				
2.				
3.				
4.				
5.				

8. Additional Qualification : \_\_\_\_\_
9. Experience, if any : \_\_\_\_\_  
\_\_\_\_\_
10. Institute from which internship was done : \_\_\_\_\_
11. Period of Internship : \_\_\_\_\_
12. Extra-curricular Activities : \_\_\_\_\_
13. Member of Indian Dietetic Association : Yes / No
14. Details of enclosed draft : Amount \_\_\_\_\_ Dated \_\_\_\_\_

Dated:

Signature of the Applicant