



NGEC Computer and Vocational Training Institute

INTERNSHIP FORM

To,
The Chairman , All India Naturopathy & Yoga Education Council
Sir,

I Completed My Six month Internship from-----
(Name of hospital) and I attached my internship certificate's Xerox copy with form.
So, kindly provide me my diploma certificate.

1. Name of the Institution :	_____	Affix Passport size photograph, preferably computerized, duly signed by the candidate
2. Enrollment Number :	_____	
3. Date of commencement of Internship Training :	_____	name of the
applicant (In block letters) :	_____	
a) First Name :	_____	Pin C
b) Middle Name :	_____	
Name :	_____	Pin C
birth :	_____	
6. Father's Name :	_____	
7. Present Address (In block letters) :	_____	

8. Permanent Address (In block letters):	_____	

Telephone No. / Mobile No. :	_____	

Internship Details

1. Duration of Internship:
From (Date) _____ to (Date) _____

2. Number of months And Department: _____

Principal's signature and s