

Application Form for Internship

Name of the candidate (in full): Dr/Mr./Mrs./Miss _____
(in capital letters)

Date of Birth (DD/MM/YY): _____ Age: _____ Years Sex: Male/Female

Address for Correspondence: _____

Permanent residential address: _____

Contact No.: Res.: _____ Mobile: _____

Email address: _____

Pursuing Degree/Course: _____

Date of start (MM/YY): _____ Date of completion (MM/YY): _____

Name of the Institute and its Affiliation: _____

Academic Qualifications (From 10+2 onwards):

Examination or Degree obtained	Name of School/ Board/University	Date of passing	Subject taken	Grade / Percentage of marks

Achievements (if any): State-level Medals, Scholarships, Prizes or any other Award, Distinction or Honor won: _____

Other Qualifications (if any): _____

Research Training / Experience (if any): _____

State exact period of internship requested: From _____ to _____
(DD/MM/YY) (DD/MM/YY)

Discipline in which internship at NINE is sought:

- ☐ Non-Communicable Diseases Epidemiology ☐ Medical Statistics
☐ Information technology ☐ Bioethics

Specify learning objectives during internship at NINE:

1. _____
2. _____
3. _____

Date:

List of documents required to be submitted with the application:

1. Photo (Size: <20 KB)
2. Certificate of Graduate Degree / Diploma
3. Mark sheet of Postgraduate Degree / Diploma
4. Concept note of work to be taken up during internship (2 pages)

Template for concept note:

- Introduction: (Brief profile of Student)
- My areas of work and skills learnt in my post graduate course:
- Area of interest: (What are the research questions in area of NCDs that are of interest to you)
- What do you know about ICMR-NINE:
- What do you like to learn during internship