Institute of Indigenous Medicine

Library

Application for Intern student

|  |  |  |
| --- | --- | --- |
| 01 | Full Name  |  |
| 02 | Permanent Address |  |
| 03 | Contact No | Mobile: |
|  |  | Resident: |
| 04 | E-Mail |  |
| 05 | Student Registration No |  |
| 06 | Period of Internship | From: |
|  |  | To: |
| 07 | Internship Library Fee | Rs.10000.00 |
| 08 | Fee Receipt (shroff counter) | No: |
|  |  | Date: |
| 09 | Dues to the Library | No / Yes |
|  | (If yes) Amount |  |
| 10 | Senior Assistant Librarian | Signature: |
|  |  | Date: |
|  |  | Seal: |