

APPLICATION FORM

**TRAINING AT DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES,
GOMTINAGAR, LUCKNOW**

PERSONAL DETAIL

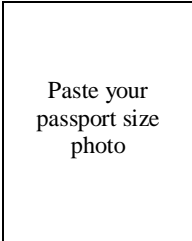
Name of the student:-

Father's name:-

Date of birth:-

Address for correspondence:-

Email id:- Contact no.



EDUCATIONAL DETAIL

College name:-

Address:-

Department:- Semester:-

Last semester result (%):-

Contact person:-

Phone no.

TRAINING DETAIL

Course applied for:-

Duration:-

ATTACHMENTS

- Approval letter from college for training
- Copy of last semester marksheet/Degree
- Copy of College identity card

DECLARATION

I hereby declare that information above provided by me is true.

Date:-

Place:-

Signature of applicant

