



# Dr. Ram Manohar Lohia Institute of Medical Sciences Vibhuti Khand, Gomti Nagar, Lucknow-226010

Ph No.(0522) 4918504,6692000 Fax No.- 0522- 4918506, Website- [www.drmlims.ac.in](http://www.drmlims.ac.in)

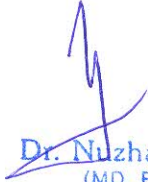
**Attachment**

**To Be updated on RMLIMS Website Under the tab Educational-Training & Courses**

## **MBBS Internship:-**

RMLIMS, Uttar Pradesh, Lucknow provides the "Compulsory Rotating Internship" to Under Graduate Medical Students as per NMC/MCI.

- **Application form: (link)**
- **Supportive documents:**
  1. Temporary/Permanent registration from UP Medical Council for undergoing MBBS internship training
  2. NO OBJECTION Certificate from DGME, UP for transfer of candidate to Dr. RMLIMS, Lko for MBBS internship training
  3. Relieving order from the parent institute stating the schedule of internship training completed and remaining training as per NMC/MCI, New Delhi guidelines.
- **For details contact person: Dean office, Academic Block, Dr.RMLIMS, Uttar Pradesh, Lucknow.**

  
**Dr. Nuzhat Husain**  
(MD, FICP, IFCAP)  
Dean  
Ram Manohar Lohia  
Institute of Medical Sciences  
Gomti Nagar, Lucknow-226010



**Dr. Ram Manohar Lohia Institute of Medical Sciences**  
**Vibhuti Khand, Gomti Nagar, Lucknow-226010**

**APPLICATION FORM FOR MBBS ROTATORY INTERNSHIP**

Affix latest photo  
 attested by the  
 Dean/Principal of  
 the Institute with  
 stamp

1. Name.....  
 2. Fathers /Mother name.....  
 3. Date of Birth : D D M M Y Y Y Y  

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4. Photo ID issue by PAN/ Passport/MCI/State Council/Driving license/Voter ID. (please tick)  
 5. ID no. .... (photocopy attached as enclosure-1)  
 6. Name of the previous Institution .....  
 7. Date of Joining previous Institution D D M M Y Y Y Y  

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8. Residential Address:  
 .....  
 City..... PIN..... STATE.....  
 9. Permanent Address  
 .....  
 City..... PIN..... STATE.....  
 10. Mobile number..... Email.....

11. Qualification

Examination passed	College	Board/University	Year of passing	Div.	% of marks	Subjects	
High School							Enclosure-2
Intermediate							Enclosure-3
Graduate							Enclosure-4
Any Other (in case of FMGE- Indian citizens who are Foreign Medical Graduates, the screening test pass certificate is required)							Enclosure-5

12. Internship details:

As per MCI/NMC GME mandatory duration for internship	College and University	Internship completed as per MCI/NMC GME guidelines (as per column 1 & 2)			Remaining duration of proposed internship (2-6)
		From	To	Total duration in days	
1	2	3	4	5	6
Community Medicine					
Surgery (with Anaesthesia)					
Medicine (with 15 days Psychiatry)					
Obs. & Gynaecology with Family welfare					
Pediatrics					
Orthopedics (with PMR)					
Ophthalmology					
E.N.T.					
Casualty					
Elective Posting 1x15					



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**DECLARATION**

1. I, Mr./Miss/Mrs. ....Son/daughter/wife of .....  
am enrolled as ..... in the departments of .....  
.....at .....(Name of  
Medical College) and have completed ..... months/days of internship at  
..... college details of which is mentioned at s.no. 12.
2. I am presenting my candidature for .....year..... months .....days rotatory internship at  
..... and assure that I  
will fulfill the formalities within 15 days of issuing the NO OBJECTION certificate.
3. Complete details with regard to educational qualification and rotatory internship has been provided &  
nothing has been concealed by me.
4. I am not getting internship in any other medical college/dental college in the State or outside the State in  
any capacity: Regular / Contractual / Adhoc --- Full time / Part time / Honorary.
5. It is declared that each statement and/or contents of this declaration and /or documents, certificates  
submitted along with the application form, by the undersigned are absolutely true, correct and authentic.  
In the event of any statement made in this declaration subsequently turning out to be incorrect or false the  
undersigned has understood and accepted that such misdeclaration in respect to any content of this  
declaration shall also be treated as a gross misconduct thereby rendering the undersigned liable for  
necessary disciplinary action (including removal of his name from Indian Medical Register).
6. I have checked & understood the rule at NMC Website with reference to permissible institute / colleges  
for completing my internship. Any changes applicable to me will be my responsibility to follow.

**SIGNATURE OF THE CANDIDATE**

Date:

Place:

**ENDORSEMENT**

1. This endorsement is the certification that the undersigned has satisfied himself /herself about the  
correctness and veracity of each content of this declaration and endorses the above mentioned declaration  
as true and correct. **I have verified the certificates / documents submitted by the candidate with the  
original certificates/documents as submitted by the candidate to the Institute and with the  
concerned Institute and have found them to be correct and authentic.**
2. In the event of this declaration turning out to be either incorrect or any part of this declaration  
subsequently turning out to be incorrect or false it is understood and accepted that the undersigned shall  
also be equally responsible besides the declarant himself/herself for any such misdeclaration or  
misstatement.

Date:

Place:

**Countersigned with stamp by**

**Director/Dean/Principal**