

**GOVERNMENT MEDICAL COLLEGE HOSPITAL, SECTOR 32, CHANDIGARH**

**Application Form**

**Short Term Attachment with Dietetics Department**

Passport  
size Photo

1. Name of the candidate : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_

4. Address for Correspondence : \_\_\_\_\_  
\_\_\_\_\_

5. Telephone No. : \_\_\_\_\_

6. E-mail address : \_\_\_\_\_

7. Educational Qualification : \_\_\_\_\_  
(Photocopy attached)

Sr.No.	Course	Institute	Year of Passing	%age
1.				
2.				
3.				
4.				
5.				

8. Additional Qualification : \_\_\_\_\_

9. Experience, if any : \_\_\_\_\_  
\_\_\_\_\_

10. Institute from which internship was done : \_\_\_\_\_

11. Period of Internship : \_\_\_\_\_

12. Extra-curricular Activities : \_\_\_\_\_

13. Member of Indian Dietetic Association : Yes / No

14. Details of enclosed draft : Amount \_\_\_\_\_ Dated \_\_\_\_\_

Dated:

Signature of the Applicant