



All India **N**aturopathy and **Y**oga Education Council

INTERNSHIP FORM

To,
The Chairman, All India Naturopathy & Yoga Education Council,
Sir,

I Completed My Six month Internship from-----
(Name of hospital) and I attached my internship certificate's Xerox copy with form.
So, kindly provide me my diploma certificate.

1. Name of the Institution _____
2. Enrollment Number _____
3. Date of commencement of Internship Training : _____
- 4 .Applicant (In block letters) :
 - a) First Name : _____
 - b) Middle Name : _____
 - c) Last Name : _____
5. Date of birth _____
6. Father's Name : _____
7. Present Address (In block letters) : _____
_____ PinCode _____
8. Permanent Address (In block letters): _____
_____ Pin Code _____
9. Telephone No. / Mobile No. _____

Affix Passport
size
photograph,
preferably
computerized,
duly signed by
the candidate

Internship Details

1. Duration of Internship:

From (Date) _____ **to (Date)** _____

2. Number of months And Department: _____

Principal's signature and seal (Institution)