

Request Letter for Internship Training

From

(Name and Address)

I,(Name of the student) studying at ----- (college name) in the -
---- (mention completed academic year) would like to join your college and hospital for
internship. The internship is for ----- (mention the duration).

Required duration in months :

Clinical area(s) required :

- a. Marks / percentage obtained in the qualifying exam -/.....%
- b. Aggregate marks obtained of all years - (marks obtained / total marks)

Thanking You

Signature of student:

Date:

Place:

List of documents to be produced to the office for verification:

1. Copy of Affidavit
2. No objection certificate (if applicable)
3. Marks card of all years