



All India Naturopathy and Yoga 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 : _____

applicant (In block letters) :

a) First Name : _____

b) Middle Name : _____

Name : _____

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

c) Last
5. Date of

Internship Details

1. Duration of Internship:

From (Date) _____ to (Date) _____

2. Number of months And Department: _____

Principal's signature and seal (Institution)