

Internship Programme for International Students  
 Kalra MD, Ankur  
 e-Medicine & Promotions  
 Kalra Hospital & SRCNC  
 Kirti Nagar  
 New Delhi 110015  
 India  
 Phone(s): +91 (0) 11 45005600 45005700  
 Facsimile: +91 (0) 11 25108119  
 E-mail: ceo@kalrahospital.com



## Internship Application Form

1. Personal Information	
Last Name:	First Name:
Sex: (Male/Female)	Date of Birth:    Month /    Day /    Year
Mailing Address	Permanent/Home Address
Street Address 1:	Street Address 1:
Street Address 2:	Street Address 2:
City:	City:
State:	State:
Country:	Country:
ZIP Code:	ZIP Code:
Phone:	Phone:
Facsimile:	Facsimile:
E-mail:	
Please state where you first heard about Internship Programme for International Students at Kalra Hospital?	

2. Duration & Status
Please indicate the month, and duration of the internship programme you are applying for:
University/College you are currently attending/have attended:
Current year of study (e.g. 1, 2, and 3 etc.)/Year of completion:
Current Average Grade/Average Grade on completion:

### 3. Eligibility Criteria for Internship (other required documents)

Internship Approval Letter (or Proof of Degree):

A letter, or No Objection Certificate from the university undertaking the graduate programme, that permits to pursue internship anywhere in India, from a privately-run, and managed hospital, and/or institute. A letter is not required if the graduate programme is completed. Kindly submit a photocopy of the degree, as Proof of Degree.

Identification Proof:

A photocopy of the passport

Statement of Intent:

Please enclose an essay, in less than 2000 words, stating the benefits of pursuing internship at Kalra Hospital & SRCNC, the area in which you are interested, and your personal and professional goals. Please be specific so that we can match you with the best possible internship opportunities.

### 4. Student Signature

I certify that the information I have provided is true and correct and understand that Ceo, e-Medicine & Promotions, Kalra Hospital & SRCNC has the right to withdraw any offer made or cancel any registration if any of these statements prove to be incorrect. I accept full responsibility for the information provided on this form.

Signature:

Date:

#### Checklist

Before sending your application, please use this checklist to ensure you have enclosed all necessary documentation:

All sections of the form have been completed

Internship Approval Letter (or Proof of Degree) enclosed

Identification Proof enclosed

Statement of Intent enclosed

A cheque of \$125.00 as application processing fees, payable to "Kalra Hospital" (Or pay us through a credit/debit card or an electronic transfer. For details e-mail us at [ceo@kalrahospital.com](mailto:ceo@kalrahospital.com))

Your completed application form, together with all necessary documentation, and the processing fees should be sent to:

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Kalra MD, Ankur  
e-Medicine & Promotions  
Kalra Hospital & SRCNC Kirti Nagar New Delhi 110015  
India