

# LAJPATRAI MEHRA NEUROTHERAPY RESEARCH & TRAINING INSTITUTE

(LMNT RTI)

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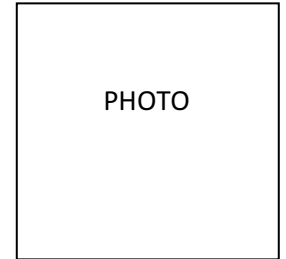
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## INTERNSHIP FORM



STUDENT'S NAME .....

FATHER'S / HUSBAND'S NAME .....

ADDRESS .....

.....

DATE OF BIRTH ..... STATE ..... PIN .....

RESIDENCE NO. .... MOBILE NO. ....

EMAIL ID ..... AADHAR CARD NO. ....

ROLL NO.: .....

### ACADEMIC DETAIL :-

10+2 .....

GRADUATE .....

POST GRADUATE .....

LMNT RTI Examination .....

### IN CASE OF EMERGENCY CONTACT

NAME ..... RELATIONSHIP .....

PHONE NO.: .....

AADHAR CARD NO.: .....

### INTERNSHIP DETAIL

STARTING DATE OF INTERNSHIP ..... COMPLETION DATE .....

HOURS ..... MONTH .....

### PERSONAL STATEMENT

I verify & confirm that the above and enclosed information is true and accurate

★ *Please attach the photocopy of your Aadhar Card , Education Certificate , LMNT Certificate .*

Applicant's Signature .....

Date .....