



अर्किओन
INTERNATIONAL INSTITUTE
OF MEDICAL SCIENCE &
TECHNOLOGY COUNCIL

Instructions for Submission of Application Form

All students are hereby informed that they are required to take a printout of the application form, affix their signature, and submit the duly signed scanned copy of the application form along with all the required documents to the specified email ID examination@iimstc.com.

Students are advised to ensure that all the details provided in the application form are accurate and that the required documents are properly attached before submission. Incomplete or late submissions will not be accepted.

INTERNSHIP APPLICATION FORM

Personal Details

Full Name: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female ☐ Other

Aadhaar Card Number: _____

Contact Number: _____

Email Address: _____

Address: _____

Educational Details

University/College Name: _____

College Address: _____

Semester: _____

Degree: _____

Branch/Department: _____

Year of Study: _____

Roll Number / Student ID: _____

CGPA / Percentage: _____

HOD Name: _____

HOD Contact Number: _____

HOD Email Address: _____

Internship Details

Internship Title / Role: _____

Internship Mode: ☐ Online ☐ Onsite ☐ Hybrid

Preferred Department / Domain: _____

Technical Skills

List the tools, languages, or software you know:

Previous Experience (if any)

Documents to Attach

☐ Resume / CV

☐ College ID Proof

☐ Aadhaar Card Copy

Declaration

I hereby declare that all the information provided above is true and correct to the best of my knowledge.

Date: _____

Place: _____

Signature of Applicant: _____