

K.S.HEGDE MEDICAL ACADEMY
Nithyananda Nagar - 575 018

No. 20/INTRNS/2019

Date: 09-01-2019

NOTICE

The Internship Training Programme will be starting from 29-01-2019 for the students who have completed the Final MBBS Examination held in December 2018. The eligible students should pay an amount of Rs. 3200/- towards the Provisional Registration of degree with Karnataka Medical Council, Bangalore, of Rs. 860 (550+310) for Interns Manual and Interns Log Book at the college cash counter on or before 31st January 2019.

The KMC Registration forms to be filled by the candidates are available in the college office or can be download from our official website www.nitte.edu.in

The Interns are hereby informed to open a bank account at the Syndicate Bank branch at the campus and provide the account number to the college office by 31st January 2019 without fail.

To :

Vice Dean,
Medical Superintendent.,


Dean 10/01/19
K. S. Hegde Medical Academy
DERALAKATTE, POST NITHYANANDA NAGAR
MANGALORE - 575 018
KARNATAKA

The HODs – **Clinical Departments and Com. Med** – for information and not to permit the students without producing the receipt of payment for registration

Personal Information (All information in capital letters)

Title	Dr
Name	
Gender	select
BloodGroup	Select
Parent/Spouse Name	
Birth Date (DD/MM/YY)	
Birth Place	
Nationality	
Email ID (Capital letters)	
Mobile Number (Number Should Not Start with 0)	
Parent Email ID (Capital letters)	

Residential Information PARENT mobile no.

Residential Address - Line1	
Residential Address - Line2	
Residential Country	Select
Residential State	
District	
Residential City	
Rural/Urban	
Residential Postal Code (You Want to Enter only 6 digits)	
Residential Phone1 (Number Should Not Start with 0)	
Residential Phone2 (Number Should Not Start with 0)	

Professional Address Same as Residential Address

Professional Address - Line1	
Professional Address - Line2	
Professional Country	Select
Professional State	
Professional District	

Professional City	
Rural/Urban	<input type="text"/>
Professional Postal Code (Enter only 6 digits)	
Professional Phone1 (Number Should Not Start with 0)	
Professional Phone2 (Number Should Not Start with 0)	

Education Information

Degree	<input type="text" value="Select"/>
Subject	<input type="text"/>
Internship Starts From	<input type="text"/> <input type="text"/>
Name Of The University	<input type="text" value="Select"/>
Name Of The College Studied	<input type="text"/>
Upload Student Student Photo(Passport Size)	<input type="button" value="Choose File"/> No file chosen
Address Proof either Aadhar,Passport or Election ID	<input type="button" value="Choose File"/> No file chosen
S.S.L.C Markscard(For DOB Verification)	<input type="button" value="Choose File"/> No file chosen
Final Year Markscard	<input type="button" value="Choose File"/> No file chosen

Save

Cancel