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Work / Experience Summary: (Starting from current / most recent)

From (MM/YY)	To (MM/YY)	Organization	Designation	Responsibilities (Min. 30 and Max. 50 Words)

Details of Internship / Workshops/Conferences/Trainings Attended (If any):

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Details of Publications / Paper Presentations / Important Project (If any):

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Declaration:

I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief

Name:

Place :

Date :

Name of University Head:

Seal and Signature :

National Health Systems Resource Center



Note :Candidates are requested to download this application form and email the duly filled application form to internship.nhsrc@nhsrcindia.org. Application submitted in another format will not be accepted. Please ensure to mention Name of Division applied for on the application form, without which the application form will not be accepted.