National Institute of Mental Health and Neuro Sciences

Department of Epidemiology

Centre for Public Health

Bengaluru

Internship Registration Form for Post Graduates

Under Programmes Yuva Spandana and Life Skills

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| --- | --- | --- |
| 1. | Name |  |
| 2. | Gender |  |
| 3. | Date of Birth |  |
| 4. | College |  |
| 5. | Department |  |
| 6. | Institute |  |
| 7. | Address |  |
| 8. | Post Graduation year |  |
| 9. | Preferred Assignment  (Tick whichever is applicable) | * Developing grant proposal * Developing IEC materials * Monitoring and evaluation frameworks * Developing manuals/ modules * Developing SOPs * Conduct data analysis and interpretation * write scientific papers * Field monitoring of programs * Any other public health activities (Specify)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10. | What is your expectation out of this internship? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. | Preferred date of start of internship |  |
| 12. | Preferred duration of internship (one, two or three months) |  |
| 13. | Do you require accommodation? (Based on availability at extra cost of Rs. 600 per day) |  |
| 14. | Any other specific requirements (if any) |  |
| 15. | Bank details  Name (as per Bank records)  Name of the Bank  Branch  Account Number  IFSC Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please send in a letter of deputation from your respective head of the department.