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| **Photographs are Pasted Here.** |

DIPS

**(Paramedical & Management institute)**

 **Application for Training & Placement**

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| **Training ( ) Placement ( )** |
| **Name :-** |  **DATE** |
|  |
| **Father’s Name:-** |
| **Course:-** |
|  **Email id:-** |  **Contact No.** |
|  |  |
| **Permanent Address:-** |
| **Rules & Regulation:-****1.No Leave are Permitted During Training Period (Except Sunday & Holidays).****2.Trainng & Placement are only Provided by institute one time and Hospital are not Changed** **3.During Training & Placement Institute are not Interfere the any Rule and regulation of the Hospital, Hotels & Industries** |
| **Name of Hospital :-** |

**I’m Accept a all term’s & Condition that are mentioned above:-**

 **Required Signatures**

**Training & Placement Student Signature**

 **Coordinator**

**Class Teacher Academic Director**