

GOVERNMENT OF KERALA
Department of Health Services

Application for Public Health Internship Programme Ist Batch

Name of Applicant :

Father/Mother /Husband Name :

ID Proof (Govt. approved ID) :

Age & Sex :

Date of Birth :

Present Address ;

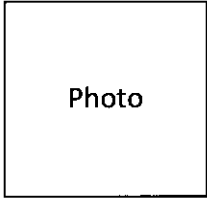
Permanent Address :

Tele Phone No :

Religion & Caste :

Education Qualification :
(Copy of Certificate should be attached)

Any other relevant information :
:



Declaration

I.....declare that the details stated above are true to the best of my knowledge & belief.

Signature of Applicant.

- Detailed resume showing experience/areas of interest should be attach.