



HOSPITAL LEGAL SUPPORT & SERVICES

A constructive process with proven results...

(An ISO 9001:2015 Certified)

STUDENT INTERNSHIP FORM

Please print and provide all information below.

Applying for : Session- I / Session-II (Tick mark any one)

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Institute Name: _____

Student's ID Number: _____

List the beginning and end dates you want to do an internship: _____

What is your current major/area of study?

Mention about your previous internship (if any) :

Student Signature: _____ Date: _____

Note: Please email the scan copy of this filled form in Email ID- hospitallegal@gmail.com
In case of any query please contact in Mobile No:+91-9893186193