

To,
Director
Banarsidas Chandiwala Institute of Physiotherapy ,
Kalkaji, New Delhi

Subject; NOC for internship

Respected sir

I, _____ enrollment No. _____ ,wish to state that I have applied for DCPTOT for internship ,vide form no. _____,receipt No. _____(copy of receipt enclosed) .I have gone through the mandatory internship guidelines of DCPTOT,GGSIPIU & BCIP .

My first priority of hospital for internship is

I wish to start my internship at _____ hospital for a period of _____ months as per the details below

1. Name of the hospital _____
2. Address of the hospital

3. Bed strength of the hospital _____
4. Name of the Medical Superintendent _____
5. Name of the HOD Physiotherapy _____
6. NOC to be addressed in the name of _____

My Second priority of hospital for internship is

I wish to start my internship at _____ hospital for a period of _____ months as per the details below

1. Name of the hospital _____
2. Address of the hospital

3. Bed strength of the hospital _____
4. Name of the Medical Superintendent _____
5. Name of the HOD Physiotherapy _____
6. NOC to be addressed in the name of _____

My third priority of hospital for internship is

I wish to start my internship at _____ hospital for a period of _____ months as per the details below

1. Name of the hospital _____

2. Address of the hospital

3. Bed strength of the hospital _____

4. Name of the Medical Superintendent _____

5. Name of the HOD Physiotherapy _____

6. NOC to be addressed in the name of _____

I may kindly be issued NOC for the Internship as requested above

Thanking you

Student signature

Students name _____

Enroll no. _____

Res. Address _____

Email id _____ Ph no _____

aggregate % Marks in BPT(all four years) _____