

APPLICATION FOR RXDX INTERNSHIP PROGRAM

In order to be consider a cover letter.	red for an internship, you must submit a signed and completed application form al	long with
 1st session beginning 2nd session beginning 3rd session beginning 4th session beginning 5th session beginning 	ng on April 13 th to April 30th ng on May 4 th to May 22 nd ng on June 8 th to June 26 th ng on June 29 th to July 17 th ng on July 20 th to August 7 th ng on Dec 21 st to Jan 8 th ,2016.	
Note: Each session will g	get completed in the duration of three Weeks (Monday – Friday).	
NAME	:	Photo
DATE OF BIRTH	: GENDER: MALE FEMALE	
GRADE	: 6 - 8 9 -12 >12	
BLOOD GROUP	:	
RESIDENCE ADDRESS		
CONTACT NUMBER		
LAND LINE	: MOBILE:	
EMERGENCY NUMBER	l:	
SCHOOL NAME & ADD	RESS:	
PARENT /GUARDIAN ((NAME):	



Please tick the applicable, if "YES" please provide necessary document

FOOD ALLERGIES :

ALLERGIES TO MEDICINES:

PAST MEDICAL HISTORY

ANY SURGERIES

YES	NO	
YES	NO	
YES	NO	
YES	NO	

Session applying for: Please circle the below session you are opting for.

Please provide documentation of any past immunization history

Please enclose an essay, in less than 1000 words, stating the benefits of pursuing internship at Telerad RxDx clinic or in the healthcare sector, the area/s in which you are interested, and your personal and professional goals.

Check list of documents:

Completed application form ID proof 2 passport size photographs Address proof Statement of intent Immunization history and essay are mandatory

Students Signature:	Parent signature:	
Date:		