



श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम केरल- 695 011, भारत  
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM  
KERALA - 695 011, INDIA  
(एकराष्ट्रीय महत्व का संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)  
(An Institution of National Importance, Department of Science and Technology, Govt. of India)  
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**APPLICATION FOR OBSERVERSHIP/INTERNSHIP/  
PROJECT WORK/TRAINING PROGRAMS**

1.	Name in CAPITAL letters	:	
2.	Course applied for (specify Observership/Internship/Project work/Training program)	:	
3.	Permanent address	:	
4.	Present address with valid mobile number and email ID	:	
5.	Academic Qualification (Graduate/Post Graduate)	:	
6.	Name of Institute last studied/studying	:	
7.	Specify whether presently employed or not	:	
	- If yes, specify the present designation, Name of Institute etc.	:	
8.	Specify the period and date of the program	:	.....days/week(s)/month(s)  From ..... to .....
9.	Specify the name of Department in which Observership/Internship/ Project work /training required	:	

Date:

Signature of the Candidate:

**CERTIFICATE**

(applicable for students)

This is to certify that ..... is a bonafide student of our Institute and ..... is a part of their study and it is compulsory to complete their present course.

**Name, Signature and seal of the  
Principal/Head of the Institute**

Date:

(office seal)

**CERTIFICATE**

(applicable for candidates those who are presently working)

This is to certify that ..... is an employee of this Institute and we have no objection in him/her for attending the observership/training program for the period as mentioned above.

**Name, Signature and seal  
of the present Employer**

Date: (office seal)

**For Office Use only**

Forwarded to.....for comments and slot allotment. The cost of training program will be (applicable only for training program).....

Signature of the lab in charge

Signature of the Head of the Dept.

Comments of Head BMT Wing (if program is at BMT Wing):

**Division of Academic Affairs**

**The period of Observership/internship/projectwork/ training program slot allotted:**

**AAO (A)**

**Comments of the Registrar :**

**Approved/Not Approved**

**DEAN**

*The application must reach the Division of Academic Affairs (DAA), SCTIMST **at least one month prior** to the commencement of the program.*

**Routing:** Completed application by the College/institute→DAA, SCTIMST→Lab in charge→Head of Dept.→Head BMT Wing (if program is at BMT wing)/→DAA→Registrar→Dean→DAA→Response to the head of College/institute.