

**PROFORMA FOR RE-ADMISSION FOR CONDONING
THE BREAK IN INTERNSHIP**

(as per Regulations of The Tamil Nadu Dr. M.G.R. Medical University, Chennai)

1. NAME OF THE STUDENT :
2. NAME OF THE COURSE/
PERIOD OF STUDY :
3. NAME OF THE COLLEGE :
4. DATE OF JOINING THE
COURSE :
5. DATE OF COMPLETION OF
THE COURSE :
6. DATE OF COMMENCEMENT
OF INTERNSHIP
(Copy of Internship posting
orders should be produced.)
7. DATE OF COMPLETION
OF 50% OF INTERNSHIP :
(Assessment of Internship for
each department done by the
candidate duly signed by the
concerned Head of the
Department should be enclosed
in original)
8. DATE OF DISCONTINUANCE
OF INTERNSHIP :
9. REASONS FOR THE
DISCONTINUANCE
OF THE INTERNSHIP :
(If Medical reasons Medical
Certificate should be
produced)

10. DETAILS OF BREAK OF
INTERNSHIP (PREVIOUS
BREAK IF ANY, THE
DETAILS OF SPELL AND THE
PERIOD OF REAK OF STUDY
MAY BE FURNISHED
(INCLUDING THE PERIOD OF
LATE COMMENCEMENT)

11. WHETHER ANY
DISCIPLINARY CASE IS
PENDING FOR DISCLOSED
i.e. PRODUCING FALSE
CERTIFICATES/RAGGING
Etc., :

12. IF ANY CORRESPONDENCE
WAS MADE IN THE PAST,
FURNISH THE COPIES OF
RELEVANT RECORDS FOR
PERUSAL :

13. RECOMMENDATION OF
THE DEAN/PRINCIPAL
CONCERNED :

CERTIFIED THAT THE DETAILS FURNISHED ABOVE IN RESPECT OF

ARE TRUE TO THE BEST OF MY KNOWLEDGE AND FOUND TO BE
CORRECT.

DATE:

SIGNATURE OF THE DEAN/
PRINCIPAL.

SEAL: