



भारत सरकार / GOVERNMENT OF INDIA

डॉ. राम मनोहर लोहिया अस्पताल एवं

अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, नई दिल्ली

DR. RAM MANOHAR LOHIA HOSPITAL &

ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110001



No. : HA-I-11025(13)/5/2022/196

Dated: 25 .01 .2025

To,

1	Shristhy Rawat
2	Garima Harit
3	Prachi Gupta
4	Payal
5	Bulbul
6	Shyamali Jana

Subject: Grant of Permission for the Internship for a period of 06 (six) months regarding BMLT/DMLT students in the Laboratory Department.

Sir / Madam,

With reference to your application for internship and performance in interview held on 24.01.2025 (Friday) for Internship in the Department of Laboratory of this Hospital, you are hereby informed that permission of Competent Authority is granted for a period of 6 (Six) months.

You are advised to direct to report to the concerned Head of the Department in Laboratory Department of this Hospital upto **27.01.2025 (Monday)**.

The above training is subject to the following conditions.

No TA/DA expenses or boarding / lodging will be paid to you. A sum of Rs. 500/- (Five hundred) per month is to be paid by each students as training fee. The fee will be deposited through online mode only at www.rmlh.nic.in/Debit card. No cash will be accepted in any case. The copy of fee receipt will be submitted in H.A-1 section after completion of training. Students have to follow Discipline, Punctuality, Code of Conduct in the hospital and will have to bear all expenses of any loss or damage due to mishandling of equipments. Fee will not be refundable.

Yours Faithfully

(Birendra Prasad)
Asst. Admin. Officer HA-1

Copy to:-

1. All concerned HOD of Laboratory, with the request to verify the original fee receipt, before commencing the training.
2. E-Governors, with the request to upload this Permission Letter on the hospital website.