



भारत सरकार / GOVERNMENT OF INDIA  
डॉ. राम मनोहर लोहिया अस्पताल एवं  
अटल बिहारी वाजपेयी आधुनिकीकरण 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/ 410

Dated: 25.02.2025

**CIRCULAR**

Applications are inviting for a period of six-month internship in the Laboratory Department at Dr. Ram Manohar Lohia Hospital, New Delhi, starting in March 2025. The applications should be submitted in the prescribed format (Annexure-I) either in person or by post to the Diary Section, Near Gate No.-2, Dr. RML Hospital, New Delhi, on or before **28th February 2025, 4:00 PM.**

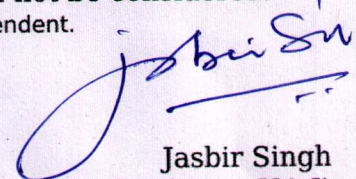
**Eligibility Criteria:**

- i. Candidates must have a B.Sc in MLT or DMLT from a recognized institute/college approved by AICTE/UGC.
- ii. Applications from students whose institutes are not AICTE/UGC approved will be rejected.
- iii. The NOC from the institute/college must confirm that it is recognized by AICTE/UGC.

**Notes:**

- i. The date for the interview will be announced on the hospital's website later.
- ii. Applicants are encouraged to regularly visit the Dr. RML Hospital website ([www.rmlh.nic.in](http://www.rmlh.nic.in)) for updates, as no personal communication will be made.
- iii. Applications received after the deadline will not be considered.  
This issued with the approval of the Medical Superintendent.

**Enclosure: Annexure-I**

  
Jasbir Singh  
(In-charge HA-I)

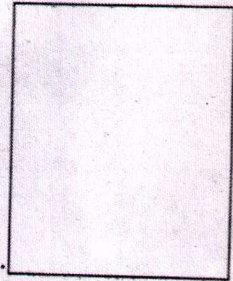
Copy to:

Chairman E-Governance for uploading on the hospital website.



**APPLICATION FOR THE INTERNSHIP IN THE DEPARTMENT OF LABORATORY IN DR. RMI,  
HOSPITAL NEW DELHI**

1. Name of the Candidate .....
2. Father/Husband's Name .....
3. Date of Birth .....
4. Present Address .....  
(With Mobile No .....  
& E-mail id) .....
5. Permanent Address .....
6. Nationality..... Category..... Gender.....
7. Period of Internship .....
8. Detail of Educational Qualification



Qualification	Year of Passing	Name of College with University	Experience
10 <sup>th</sup>			
12 <sup>th</sup>			
Graduate/MLT/DMLT			

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Signature of Candidate  
(only in running hand)

Place : .....

Date: .....

Note:- Please Enclosed the following Documents.

1. College NOC, 2. 10<sup>th</sup> & 12<sup>th</sup> passing Certificate, 3. Copy of ID, 4. Copy of College ID