भारत सरकार / GOVERNMENT OF INDIA
डॉ राम मनोहर लोहिया अस्पताल,
अटल बिहारी वाजपेयी आयुर्विज्ञान संस्थान, नई दिल्ली
DR. RAM MANOHAR LOHIA HOSPITAL,
ATAL BIHARI VAJPAYEE INSTITUTE OF MEDICAL SCIENCES, NEW DELHI - 110001

HA-I-11025(13)/5/2022-RMLH/2057

Dated. 6/12/2025

CIRCULAR

Applications are invited for internship programmes in this hospital for a period of one month to six months, starting in the month of January 2026. Applications should be submitted in the prescribed format (Annexure-I) either in person or by post to the Diary and dispatch Section, Near Gate No.-1, Dr. RML Hospital, New Delhi-110001, on or before **26th December 2025, 4:00 PM**.

Eligibility Criteria:

1. Currently pursuing Diploma / Bachelors / Masters in Medical Laboratory Technology / Medical laboratory Services (in the relevant field) from AICTE / UGC approved institute and application forwarded by the College / Institution / University for laboratory based departments.
2. Currently pursuing B.Tech / B.Engineering or similar / related course from AICTE / UGC recognized Institution / affiliated to a national body, in relevant branch with application forwarded by the Institution / College / University for laboratory based departments.
3. Applications from students whose institutes are not AICTE/UGC approved will be rejected.
4. The NOC from the institute/college must confirm that it is recognized by AICTE/UGC.

Notes:-

1. The date for the interview will be announced on the hospital's website later.
2. Applicants are encouraged to regularly visit the Dr. RML Hospital website (www.rmlh.nic.in) for updates, as no personal communication will be made.
3. Applications received after the deadline will not be considered.
4. This issued with the approval of the Medical Superintendent.

Enclosure: Annexure-I

Jasbir Singh
(In-charge HA-I)

Copy to:-

Chairman E-Governance with request to kindly upload on the hospital website.

Annexure-I

APPLICATION FOR INTERNSHIP / TRAINING IN ABVIMS, DR. RML HOSPITAL NEW DELHI

1. NAME OF THE CANDIDATE .....
2. FATHER/HUSBAND'S NAME .....
3. DATE OF BIRTH .....
4. MOBILE & E-MAIL ID) .....
5. PRESENT ADDRESS .....
6. PERMANENT ADDRESS .....
7. NATIONALITY.....CATEGORY.....GENDER.....
8. PERIOD OF INTERNSHIP/TRAINING IN MONTH .....

Detail of Educational Qualification

Qualification	Year of Passing/ Pursuing	Name of College and University
10th		
12th		
MLT/DMLT/MLS		
Others/		
Experience if any		

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. 10th & 12th Passing Certificate, 3. Copy of Aadhar, 4. Copy of College ID 5. Others if Any