

SOP for Training/Internship for External Candidates

Introduction:

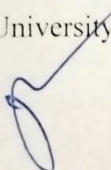
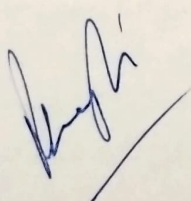
The Uttar Pradesh University of Medical Sciences (UPUMS), Saifai, Etawah is a State Medical University having five faculties namely: Medicine, Dental, Nursing, Paramedical and Pharmacy. University has got ultra-modern and state of art training infrastructure, facilities and Human resource (skilled and experienced teachers/ trainers) for imparting Short Term (STT) and Long Term training (LTT) to the health science professionals as well as internship to the candidates pursuing their specialized academic program.


The training/internship shall be imparted in the fields of:

- Medicine (Biochemistry, Radiology, Microbiology and Lab Services. Psychiatry and so on)
- Dental Sciences
- Paramedical (Physiotherapy, Optometry, Radiological & Imaging Technology, Medical Lab Technology & so on)
- Pharmacy
- Nursing
- Medical Records
- Dietetics
- Library & Information Science
- Not only limited to the above fields, other fields can be added in the list of training/ internship as and when need arises. The concerned HOD will initiate the process by sending requisition to the concerned dean of the faculty who will further forward the proposal with his recommendation to the Vice Chancellor for final necessary approval.

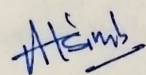
Objective:

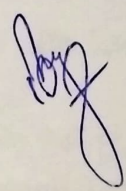
-To provide the exposure of the skill based learning/ training in the specialized fields of health sciences from the experienced and skilled Teachers/ Trainers to the Learner/ trainee in a cost-effective way which is in alignment with the University's mission and vision as well as part and parcel of University's social responsibility.

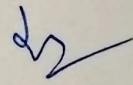
  


  
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**Purpose:** To achieve this objective, University intends to commence these Short Term and Long Term training as well as internship programs for the external candidates/ health science professionals of different colleges/ institutes having scarcity of training opportunities.

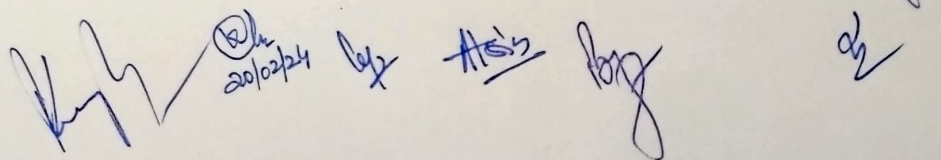
**Definitions:**

1. **Short Term training (STT):** Training in specialized fields of health sciences of duration upto 3 months.
2. **Long Term training (LTT):** Training in specialized fields of health sciences of duration more than 3 months.
3. **Internship:** Internship program is for the candidates who are pursuing their studies in the various fields of health sciences and as a part of their curriculum has to undergo internship of 6 months or 1 year duration.

**Guidelines for Short-Term/Long-Term Training**

(A) **SHORT-TERM TRAINING** ( upto period of 3 months) or **LONG-TERM TRAINING** (more than 3 months)

1. Training will be provided to the candidates recommended by the Government/Autonomous Bodies or Institutions/Public Health Sector Organizations/ approved statutory councils/ commissions and Government.
2. **Training Fee:** A fee of Rs. 2,000/- for Short Term Training and Rs. 5,000/- for Long Term Training will be charged from the trainees (Indian citizens) in advance for the selected duration.
3. The training is arranged in consultation with the respective department/ discipline and the time and period of training is decided mutually by the Department/discipline and candidate who is to be trained. **This training does not lead to the award of any degree/diploma.**
4. The Training will be done in any Department as per the consent of concerned HOD and with the approval of the concerned Dean.
5. Due to shortage of hostel accommodation, a candidate coming to the University for short-term and long-term training has to make his/her own arrangements for stay. **The University does not provide any hostel accommodation.**
6. The candidates desirous to undergo training at this University shall be required to submit their CV (Curriculum Vitae) along with application (in prescribed format- Annexure-1) & photocopies of certificates/testimonials for evaluation by the concerned Dean of the Faculty.
7. Application of the candidate will be entertained/ processed on first come first basis.

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UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES  
SAIFAI, ETAWAH – 206130

8. An in-service employee(s) / trainee(s) has to apply for Short/Long-Term Training along with his / her complete CV (Curriculum Vitae), with attested photocopies of degree / certificates of academic qualifications routed through proper channel from the Concerned University / Institution / Organization.
9. All Correspondence should be addressed to the concerned **Dean, Faculty of Medicine/Dental Sciences/ Paramedical Sciences/ Nursing/ Pharmacy, Uttar Pradesh University of Medical Sciences, Saifai, Etawah – 206 130.**
10. At least, a minimum of 3 – 4 weeks time may be given to enable this office to process the papers and to complete their formalities/ granting of official permission by the competent authority.
11. The trainees shall work under the supervision of the concerned nodal officer of the concerned Department. On the completion of the training a completion report & No Dues will be sent by the Nodal Officer through the concerned HOD to the concerned Dean on prescribed format (in prescribed format- Annexure-III).
12. After receiving the training completion cum No-dues certificate, the Final Training Completion Certificate will be issued to the trainee(s) by the concerned Dean.

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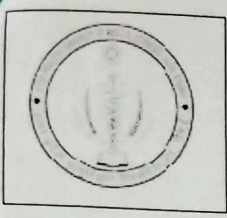
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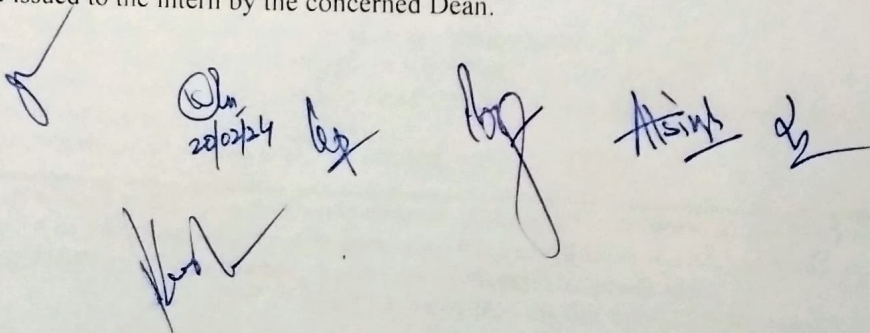
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**Guidelines for Internship (External students)**

**(B) INTERNSHIP of 6 months or 1 year duration (EXTERNAL STUDENTS)**

1. Candidate must be an Indian national.
2. Candidate must be eligible for the said internship (as a part of their Diploma/Degree/Course/Program/Curriculum) from UGC or Central/State statutory body approved University/Institute.
3. The Internship will be done in any Department as per the consent of concerned HOD and with the approval of the concerned Dean.
4. The candidates desirous of Internship at this University shall be required to submit their CV (Curriculum Vitae) along with application (in prescribed format- Annexure-II) & photocopies of certificates/testimonials **through** Dean/ Principal/ competent authority of the Concerned University / Institution / Organization for evaluation by the respective Dean of the Faculties.
5. Application of the candidate will be entertained/ processed on first come first basis.
6. All Correspondence should be addressed to the concerned **Dean, Faculty of Medicine/Dental Sciences/ Paramedical Sciences/ Nursing/ Pharmacy, Uttar Pradesh University of Medical Sciences, Saifai, Etawah – 206 130.**
7. The non-refundable **internship fee** of Rs 5,000/- for the selected duration (6months or 12 months) of the internship to be made in advance.
8. Due to shortage of hostel accommodation, a candidate coming to the University for Short-Term Training (**Internship**) has to make his/her own arrangements for stay. **The University does not provide any hostel accommodation.**
9. No stipend to be paid during the internship period.
10. Leave rules: 1 day per month basis leave is permitted to the interns during the entire internship duration.
11. The candidates should abide by the University Rules (As applicable to the UG students of the University).
12. The interns shall work under the supervision of the concerned HOD of the concerned Department. On the completion of the internship a completion report & No Dues will be sent by the concerned HOD to the concerned Dean on prescribed format (in prescribed format- Annexure-III).
13. After receiving the Internship completion cum No-dues certificate, the Final Internship Completion Certificate will be issued to the intern by the concerned Dean.

  
Dm 28/02/24  
Asins

**APPLICATION FORMAT FOR Short Term/ Long Term Training**  
**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES**  
**SAIFAI, ETAWAH - 206130**

*(for Office use only)*

Dated: \_\_\_\_\_

|   |   |  |
|---|---|--|
| Subject: Application for<br>(Please ✓ one only) | Short-Term Training (up to 3 months) <input type="checkbox"/> | Long-Term Training (more than 3 months) <input type="checkbox"/> |
| Training Area & Objective                       |   |  |
|   |   |  |
|   |   |  |

1. Name (in Capital Letters) \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Correspondence Address \_\_\_\_\_  
 \_\_\_\_\_
6. A) Mobile No: \_\_\_\_\_ B) Email id: \_\_\_\_\_
7. C) Aadhar No: \_\_\_\_\_
8. Academic Qualification (Diploma/ Graduation/ PostGraduation): \_\_\_\_\_
9. Whether Sponsored by authority - (Please ✓one only) YES  NO
10. Sponsored Authority Name (if applicable): \_\_\_\_\_
11. Sponsoring Authority status:  
 (Government, Semi-Government, Autonomous, Public Health Sector Organization, Statutory Council/ Commission approved Inst.)
12. If Employed/ Working  
 (Name of Current Post / Designation Held & Date of Joining the Post)
13. Working Experience (if any): \_\_\_\_\_
14. Specific Period & Dates of Training  
 (Period Duration of Training (in months), Start & End Dates of Training)
15. Discipline/Department  
 (Name of the Department in which training is required - only one department name is to be specified)

Affix one recent  
Passport Size  
Photograph  
(self attested)

**DECLARATION:** I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the UPUMS, Saifai.

**SIGNATURE OF THE APPLICANT**

**Sponsoring Authority (With Seal)**

- Please attach the following with this filled-in application form:
- i) Sponsoring Authority letter in Original (if applicable)
  - ii) Self Attested copies of all Certificates/ Testimonials related to qualification and experience
  - iii) Copy of the Curriculum Vitae
  - iv) Identification proof/ Aadhar card (self attested) copy.

**(The candidate, is advised to fill up each & every column of the application form as per the instructions/guidelines given)**  
**Important note:** To be submitted by post or in person to: Concerned Dean (Faculty of Medicine/ Dental Sciences/ Paramedical Sciences/ Nursing/ Pharmacy), Uttar Pradesh University of Medical Sciences, Saifai

**INCOMPLETE APPLICATIONS WILL BE REJECTED**

*(Handwritten signatures and dates)*  
 20/05/24  
 Prof. Atkin ds

**APPLICATION FORMAT FOR Internship Program (External candidates)**  
**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES**  
**SAIFAI, ETAWAH - 206130**

No. F. \_\_\_\_\_

(for Office use only)

Dated: \_\_\_\_\_

Subject: Application for  
(Please ✓ one only)Internship (6 months) Internship (1 year) 

1. Name (in Capital Letters) : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Date of Birth : \_\_\_\_\_

4. Permanent Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Affix one recent  
Passport Size  
Photograph  
(self attested)

5. Correspondence Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. A) Mobile No.: \_\_\_\_\_

B) Email id: \_\_\_\_\_

C) Aadhar No.: \_\_\_\_\_

7. Academic Qualification (Name of the program/ Discipline) : BMLT  BRIT  B.Optom  BPT   
 (Please ✓ one only) OTHER  \_\_\_\_\_ (specify)

8. Institute /University: \_\_\_\_\_

9. Discipline/Department: \_\_\_\_\_

(Name of the Department in which internship is required - only one department name is to be specified)

DECLARATION: I do hereby declare that the information furnished above is true and correct to the best of my knowledge and I shall abide by the rules and regulation of the UPUMS, Saifai.

SIGNATURE OF THE APPLICANT

Please attach the following with this filled-in application form:

- i) Self Attested copies of 10<sup>th</sup> & 12<sup>th</sup> passing certificate.
- ii) Self Attested copies of Degree program Marksheets (All academic years)
- iii) No objection certificate to undergo internship from the competent authority of the respective college/ Institute / University
- iv) Character Certificate from the respective college/ Institute / University.
- v) Identification proof: Aadhar card (self attested) copy.

(The candidate, is advised to fill up each & every column of the application form as per the instructions/guidelines given)

**Important note:** To be submitted by post or in person to: Concerned Dean (Faculty of Medicine/ Dental Sciences/ Paramedical Sciences/ Nursing/ Pharmacy), Uttar Pradesh University of Medical Sciences, Saifai

**INCOMPLETE APPLICATIONS WILL BE REJECTED**

20/07/24  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Remark of the Dean**

Forwarded to Head of Department .....

Please check the eligibility and give consent about training/internship of above candidate.

Date: ...../...../.....

Signature of Dean  
Faculty of \_\_\_\_\_  
with stamp

**Consent of the Head of the Department:**

The Candidate .....is.....  
(eligible/not eligible) for ..... month/s of training/internship in the department of  
.....His/ Her Fee may be deposited as per Guidelines.

**Note:** if not eligible, then please give separate comment/report.

Date: ...../...../.....

Signature of concerned HOD-  
with stamp

Signature of Concerned HOD-  
with stamp

Signature of concerned Medical Superintendent  
with stamp

**Fee Collection:**

As per the consent of the Head of the Department and the guidelines, the following Fee  
has been deposited by the candidate (Name) .....

| Fee                         | Bank & Branch | UTR No./<br>Reference No. | Date | Amount |
|-----------------------------|---------------|---------------------------|------|--------|
| Training/<br>internship FEE |               |                           |      |        |

Forwarded to the Dean, Faculty of \_\_\_\_\_ for further necessary action.

Date: ...../...../.....

Signature of Finance Controller/  
Nominated person- with stamp

**Order of the Dean, Faculty of \_\_\_\_\_**

As per the consent of the Head of the department and confirmation from Account section  
about Fee. The candidate is being allowed for training/internship. The training/internship  
completion certificate will be issued to the trainee after submission of Training/Internship  
completion Cum No-Dues Certificate from Head of the Department.

Please issue office order in this regard.

Date: ...../...../.....

Signature of Dean  
Faculty of \_\_\_\_\_

[Handwritten signatures and initials: 'Kuph', 'AHS', '20/02/24', 'les', 'Bij', 'ds']

# Uttar Pradesh University of Medical Sciences, Saifai, Etawah

Department of .....

## TRAINING/ INTERNSHIP COMPLETION CUM NO-DUES CERTIFICATE

The candidate ..... has successfully completed .....months of training/internship in the department of ..... From ...../...../..... to ...../...../.....

There are No Dues pending against him/her. The candidate is being hereby relieved from the department.

Note: if any kind of dues/adverse report, then please give comments.

Date: ...../...../.....

Signature of Head of Department-  
with stamp

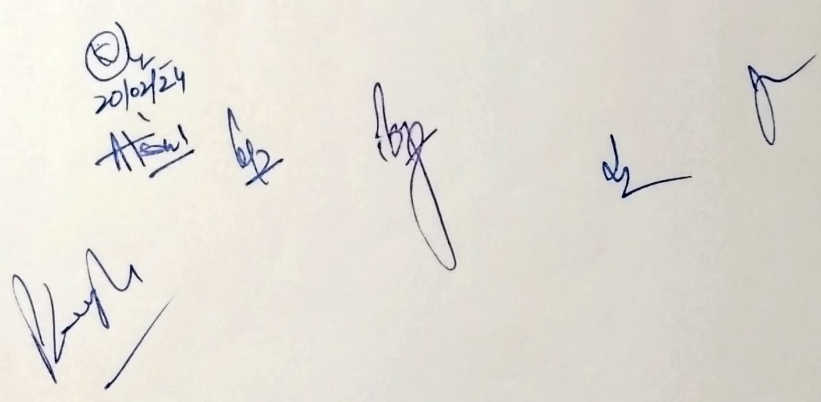
### Order of the Dean, Faculty of

On the basis of training/internship completion certificate cum no-dues certificate from the Head of Department, the training/internship completion certificate is being issued to the candidate. As per records, available in this office, there are No Dues pending against him/her.

Date: ...../...../.....

Signature  
Dean

Faculty of \_\_\_\_\_  
with stamp


  
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TRAINING/INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Mr./ Ms.....  
S/o/D/o .....has successfully completed  
..... month/s of training/internship in the field of  
.....in the department of  
..... From ...../...../..... to ...../...../.....

There are No Dues pending against him/her.

Dean  
Faculty of \_\_\_\_\_  
with stamp

20/02/24  
[Handwritten signatures]

**FLOW CHART** for Candidate (seeking admission into internship/ training)

|  |
|--|
| 1. Application (Offline mode) to concerned Dean.   |
| 2. Screening of received applications by the respective Dean's committee after taking the consent of the all HoDs concerned and Medical Superintendent regarding facilities.                             |
| 3. Selection/consent of the trainer (Nodal Officer) concerned in case of Short Term & Long Term Training.  |
| 4. Document verification followed by Conduction of the personal interaction.   |
| 5. Office Order regarding selection of the concerned candidate for the said training/ internship will be issued by the concerned Dean with instructions regarding joining date and reporting place, etc. |
| 6. Posting schedule of the candidates by respective Dean in consultation with the concerned HoD/s and Medical Superintendent.  |
| 7. Attendance maintenance by concerned HOD/ Dean.  |
| 8. Logbook Maintenance by the intern/ trainee for the whole period of the internship/ training.  |
| 9. Regular Training assessment by the concerned department or Nodal Officer / Trainer concerned on the basis of training capabilities, learning outcomes and attendance.                                 |
| 10. Internship/ Training completion certificate on completion of the stipulated period by the respective Dean on the recommendation of the concerned HoD/ Nodal Officer (trainer).                       |
| 11. Revenue generation report to be submitted by each dean at the end of the each Financial Year to the Registrar Office.  |

*29/02/24*  
*[Handwritten signatures]*



उ०प्र० आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा (उ०प्र०) - 206 130

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130

FORMAT/TEMPLATE

Ref. (STT/LTT/ Intern)/UPUMS/20\_\_ - \_\_

Dated \_\_\_\_\_

## Office Order

On the recommendation cum consent of the (concerned HoD)/ (Name of the Nodal Officer), (Name of the candidate) has been finally selected and allowed to join the Internship/ Short Term Training/ Long Term Training program in the field of \_\_\_\_\_ in the Department of \_\_\_\_\_ (Place of Posting) under the Faculty of \_\_\_\_\_ for the duration of \_\_\_\_\_ months w.e.f. from the date of joining the training/ internship concerned.

You are hereby instructed to abide by the SOP/ Guidelines of the training/ internship concerned.

This order has been issued on getting the confirmation of the advance payment towards the Training/ Internship fees \_\_\_\_\_ for the entire period.

Dean,  
Faculty of \_\_\_\_\_,  
UPUMS, Saifai.  
Official Seal & Date

Cc to: for information and necessary action of the following

- 1) Finance Controller.
- 2) Registrar.
- 3) Medical Superintendent.
- 4) Concerned Dean (Faculty of Medicine, Nursing, Paramedical Sciences, Pharmacy and Dental Sciences).
- 5) All concerned Head of the Departments (Name).
- 6) (Name) Nodal Officer of the concerned Training (if applicable).
- 7) In-charge CAC- To upload on the website.
- 8) Personal File of all concerned.

Dean,  
Faculty of \_\_\_\_\_,  
UPUMS, Saifai.

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*Handwritten initials 'A.K.H.' in blue ink.*

*Handwritten mark or signature in blue ink.*