



पूर्वोत्तर इंदिरा गांधी क्षेत्रीय स्वास्थ्य एवं आयुर्विज्ञान संस्थान शिलांग  
NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

(भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय स्वायत्त संस्थान)

(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)

निदेशक ब्लॉक मावडीयांगडीयांग शिलांग - 793018 मेघालय  
Director's Block, Mawdiangdiang, Shillong - 793018 Meghalaya

E-mail - info.neigrhms@nic.in  
www.neigrhms.gov.in  
EPABX : (0364) 2538025  
Tel : 0364-2538013/2538010  
Fax: 0364-2538003

F. No.

NEIGR-Acad/2018/27

Dated Shillong 31<sup>st</sup> May 2023

**NOTIFICATION**

In partial modification of Institute Notification No- NEIGR-Acad/2018/27 dated 3<sup>rd</sup> February 2021, the Rules/Guidelines for undergoing Internship/Short Term Training in Medical and Paramedical by candidates at NEIGRHIMS are framed as under:-

1. Only students from Institutions recognized by the Medical Council of India, All India Council of Technical Education, Indian Nursing Council of all India bodies authorized to recognize the Technical Course would be allowed to undergo internship/short term training.
2. The candidates will not be provided with stipend, hostel accommodation and transportation etc.
3. Fees for the various courses for students coming from Private Institutions will be as under:
  - a. Medical Sciences (MBBS) Rs- 3000/- (three thousand) per month.
  - b. Nursing Rs-4000/- (four thousand) per month.
  - c. Others Rs-1,000/- (One thousand) per month.


No fees will be charged will be charged for candidates nominated/sponsored by Central/State Government Organizations/Institutes and Below Poverty line (BPL).

- (i) No charges for a period of less than 15 days.
  - (ii) One month charges for period of training between 16 to 30 days.
  - (iii) One month charge for a period of training between 30-45 days.
  - (iv) Two months charge for a period of training between 45-60 days.
  - (v) Three months charge for a period of training between 60-75 days.
4. 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.

5. The Head of Department under whom the students undergo internship/short term training is to ensure that all training programs are properly structured for the benefit of the students.
6. Candidates who have undergone Internship/Short Term Training for more than one month at NEIGRIHMS will be given certificate signed by Dean.
7. Candidates who have undergone Internship/Short Term Training for less than one month will be given attendance certificate signed by the Registrar.
8. Candidates applying for Internship/ Short Term Training can submit application in prescribed format along with recommendation from the Head of Institute/Department of the sponsoring Institute
9. The duration of Internship/ Short Term Training shall be for a maximum period of 6 (month) except for MBBS Internship for foreign Medical Graduates.
10. Application for internship is to be addressed to the Dean, Academics, Directors Administrative Block NEIGRIHMS, Shillong-793018, Meghalaya.
11. The Internship/ Short Term Training will be purely hands on training.
12. At least, a minimum of 3 – 4 weeks time may be given to this office to enable this office to process the papers and to complete their related formalities/official permission from the NEIGRIHMS authorities. Candidate(s) / Trainee(s) is/ are advised to stay in touch with their Concerned Sponsoring Authority (Organization / College / University / Institution).

Copy to:

1. All HOD/HOD i/c NEIGRIHMS for Information
2. All Heads of Section.
3. Institute's Website

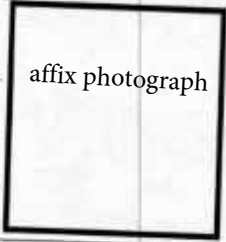
  
Dean, Academics  
NEIGRIHMS

  
Dean, Academics  
NEIGRIHMS

**NORTH EASTERN INDIRA GANDHI REGIONSL INSTITUTE OF HEALTH AND  
MEDICAL SCIENCES, MAWDIANGDIANG, SHILLONG-793018.**

**APPLICATION FORMAT FOR INDIAN CITIZENS FOR UNDERGOING INTERNSHIP/  
SHORT TERM TRAINING**

1. Name (in Capital Letters) : \_\_\_\_\_
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
5. Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_
6. Telephone/ Mobile No. : \_\_\_\_\_
7. Email Address : \_\_\_\_\_
8. Academic Qualification: \_\_\_\_\_ (Enclose photocopies)
9. Sponsored by: University/College/Hospital/Institution/Defence Personnel
10. Sponsoring Authority Name : \_\_\_\_\_
11. Sponsoring Authority Status : \_\_\_\_\_  
(like Government, Semi-Government, Autonomous, Public Health Sector Organization,  
Private NMC / DCI / NCI approved etc. )
12. Working Experience (if any) : \_\_\_\_\_
13. Duration of Internship/ Training : \_\_\_\_\_
14. Discipline/Department/subject : \_\_\_\_\_  
(Name of the Department in which training is required)



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 NEIGRIHMS.

SPONSORING AUTHORITY (With Seal)

SIGNATURE OF THE APPLICANT  
(with date)

FOR OFFICE USE

Remarks/ Recommendation of the HOD/HOD i/c/ Head of Section, .....

.....