

## INTERNSHIP JOINING FORM

To,

**The Head,**

Department of .....

Faculty of Dental Sciences,

King George's Medical University

UP Lucknow.

**Sir/Madam,**

Reference to notice no.....dated-....., regarding one year's Dental Internship in the Faculty of Dental Sciences, KGMU UP Lucknow, I am hereby joining my duties in your department Forenoon/Afternoon of dated..... Kindly accept my joining.

Thanking you.

Yours faithfully,

Name.....

BDS Intern

Email ID-

Mobile no.

**No.....Dated.....**

Forwarded to the Dean, FODS, KGMU UP Lucknow with the remarks that Mr./Ms.....has joined his/her duties in the Department from the Forenoon/Afternoon of dated.....

Head

Department of .....

Faculty of Dental Sciences,

King George's Medical University

UP Lucknow.