

Date: 28/06/19

To,  
The Medical Superintendent,  
Yenepoya Hospital  
Deralkatte

*for approval*  
*Dr. Gangadhara Somayaji K.S.*  
*Registrar*

Respected sir/madam,

**Subject: Permission request for Internship training at your esteemed institution  
as an internee in Nutrition And Dietetics.**

Adverting to the subject cited above I would bring to your kind notice that our second year BSc Nutrition and Dietetics Students are interested in undergoing traineeship in your esteemed institution for a period of 1 month from 01 august to 31 august 2019.

Kindly oblige to our sincere request and permit those students for the same.

Students list:

1. Rejna M P
2. Jaseema Jaleel
3. Mishna P A
4. Jasla Aslam
5. Swabir Ali

Yours faithfully,

*for*  
*Mr. Mohamed Ali N K*

**Mr. MOHAMED ALI N K**

**PRINCIPAL**

PRINCIPAL  
Empire Institute of Higher Studies  
Kuttippuram, Kerala-679571

**ATTESTED**

Dr. Gangadhara Somayaji K.S.  
Registrar  
Yenepoya/Deemed to be University  
University Road, Deralkatte  
Mangalore- 575 016, Karnataka

📍 Kuttippuram, Moodal, Malappuram Dt., Kerala - 679 571

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Ref: Y/REG/ACA/Internship/2019

12.07.2019

Principal  
Mr. Mohamed Ali N K  
Empire Institute of Higher Studies  
Kuttippuram, Moodal, Malappuram District  
Kerala - 679571

Sir/Madam,

Sub: Permission for Internship

Ref: Your letter dated 28.06.2019

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Yenepoya (Deemed to be University) is pleased to permit the following 2<sup>nd</sup> year B.Sc students of your institution to undergo Internship at the Food, Nutrition and Dietetics Department of Yenepoya Medical College Hospital for the Period of one month from 01.08.2019 to 31.08.2019.

1. Ms. Rejna M P ✓
2. Ms. Jaseema Jaleel ✓
3. Ms. Mishna P A ✓
4. Ms. Jasla Aslam
5. Ms. Swabir Ali

The student will have to pay training fees @ Rs.3000/- per student at Accounts Section and receipt shown to the, Dietician, Dept. of Nutrition and Dietetics, YMCH.

The student may be instructed to report to the Dietician, Dept. of Nutrition and Dietetics, YMCH, and shall abide by the Hospital rules and regulations. Please instruct them accordingly

Thanks & Regards

Yours faithfully,



REGISTRAR

12/7

Copy to:

1. Finance Officer
2. Medical Supdt., YMCH – a certificate may be issued after completion of Internship
3. Hod, Hospital Administration
4. Dietician, Dept. of Nutrition and Dietetics, YMCH
5. File copy

ATTESTED

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Dr. Gangadhara Somayaji K.S.  
Registrar  
Yenepoya (Deemed to be University)  
Deralakatte  
Mangalore-575 018, Karnataka

9/12/19