# UNDERTAKING FOR INTERNSHIP

I, Mr. /Ms…… ……
College……,permanent residence at……
……Phone No:…… , do hereby undertake on this the…… (Day), of…… (Month)……, (year), that,

1. I will abide by all the rules and procedures of JSS College of Physiotherapy, JSS Hospital and the Physiotherapy department during my tenure as an intern.
2. I understand that I am required to be present in my area of posting from 9 am to 1 pm and from 2 pm to 5 pm or 7am to 1pm and 5pm to 8pm.
3. I also understand that I may be required to stay more than this period in case of clinical necessity and that extra hours worked will not be compensated in any way.
4. I will maintain professional behaviour and appearance and will adhere to safety and infection control regulations including but not limited to attire, use of assistive devices, patient education material and clear communication.
5. I will abide by ethical and legal considerations in my dealing with patients. In case of human error on my part during patient interaction, I will submit an incident report to my supervisor within 15 minutes of the incident.
6. I will adhere by documentation requirements of the area I am posted in.
7. I will familiarise myself with the standard operating procedures of the department and will report any deviation to my immediate supervisor within the session in writing.
8. I understand that I am eligible for 1 day of leave after every month and that I may not take more than 3 days of leave at a time except in extenuating circumstance, in such cases the decision of the intern coordinator and Principal will be final.
9. I will complete by internship within 200 days from the starting day of my internship including holidays and Sundays, failing which I may be required to redo the entire 6 months again. Completion of internship includes submission of necessary documentation, presentations and other requirements noted in the handbook.

**Date:** **Signature of Student:**

## DECLARATION BY PARENT/ GUARDIAN

I ……,
(Mother / Father / Guardian) hereby fully endorse the above undertaking/declaration given by mychild/ward. And I will endeavour to induce my child/ward to do his/her best to observe the above statedundertaking in words and spirit.

**Place: …… Signature of Mother / Father / Local Guardian**
**Date: ……..**