

Format for Application for DRDO Paid Internship Scheme

1.	Name of the Applicant	:		Affix Passport size photo (4.5 x 3.5cm)
2.	Date of Birth	:		
3.	Aadhar No.	:		
4.	Name, Address & Contact No. of the College	:		
5.	Discipline			
6.	Branch Code	:		
7.	Degree	:	UG: Semester/Year: <input type="text"/> PG: Semester/Year: <input type="text"/>	
8.	CGPA(On Scale of 10) (Copy To be Enclosed)	:		
9.	Achievement (Awards/Professional Membership, if any to be mentioned)	:		
10.	Referral letter from Principal/HOD of college /institute	:	To be mandatorily attached	
11.	Nationality	:	Indian	
12.	Permanent Address			
13.	Local Address, if any	:		
14.	Contact No of Individual: Alternate No:	:		
15.	Email Id of Individual	:		
16.	Checklist (Please Tick)	:	Enclosed documents <input type="checkbox"/> Reference Letter issued by Principal/HOD <input type="checkbox"/> UG/PG Marksheet Reflecting CGPA <input type="checkbox"/> Copy of latest Aadhar Card	

The above information is correct as per best of my knowledge and belief.

Place:

Date:

Signature of the Applicant

Ref No: _____

Date: _____

To,

The Director,
Research Centre Imarat
Defence R&D Organisation, Vignyana kancha
Hyderabad-500069.

Subject: Request for Paid Internship opportunity for a period of six months

Ref : Advertisement No. RCI/HRD/PDINTERN/2025/01

Respected Sir,

We request an internship opportunity for our **VII / VIII** semester B.Tech students / **IInd** year Post Graduate students for **Paid Internship Scheme of DRDO** at RCI, Hyderabad.

Shri/Ms.....is a bonafide student of this college having enrollment no.....He/She is a meritorious student and is eager to gain practical exposure in the defence related applications through an internship at your esteemed organization.

We request an internship from _____ to _____ (6 months). Below are the details of the student, faculty coordinator and the college / institution:

Student Details:

Name	
Course	
College ID Number	
Mobile No.	
Permanent Residential Address	
Email ID	

Faculty Coordinator Details:

Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HOD Email ID	

College Details:

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliation ID	
Email ID	
Contact No.	
Fax No.	

The college has no objection if he/she joins internship at your organization and is physically present in the establishment for a minimum of 15 working days in a month. The college will relieve the student to undergo the internship at your establishment.

It is also hereby assured that student will complete full tenure of his/her paid internship.

We believe that this internship will be an excellent opportunity for our student to enhance his/her technical skills. Kindly consider this request and grant the necessary permissions. We assure you of our student's commitment to learning and adherence to all institutional norms.

Thanks and Regards,

Signature of Principal / HOD of
College / Institution
With Office Seal.

UNDERTAKING

INDIAN OFFICIAL SECRET ACT

I, _____ S/o / D/o _____
resident of (address) _____
District _____ hereby certify that I have been made
acquainted with the provision of the Indian Official Secrets Act, 1923. I understand that in
case of breach of official trust, I am liable to the penalties detailed in the mentioned Act.

Station : _____

Date : _____

Signature _____

Name: _____

UNDERTAKING

I, _____ S/o / D/o _____
resident of (address) _____
District _____ hereby certify that I will follow IT Rules and
Regulations applicable for Ministry of Defence and its amendments thereof. I understand
that in case of breach, I am liable to the penalties detailed in the mentioned Rules.

Station : _____

Date : _____

Signature _____

Name: _____