

Application for DRDO Paid Internship Scheme

1.	Name of the Applicant		Affix Passport size photo (4.5 x 3.5cm) Signature Below Photograph
2.	Date of Birth		
3.	Aadhaar No.		
4.	Name, Address & Contact No of the College		
5.	Branch /Discipline		
6.	Post Code Applied		
7.	Father's Name		
8.	Degree (Pursuing) (Please Tick)	Post Graduate (PG) : <input type="checkbox"/> / Engineering : <input type="checkbox"/> Science: <input type="checkbox"/>	
9.	Semester /Year:		
10.	Aggregate Percentage/ CGPA	(Copy to be Enclosed)	
11.	Achievements / Professional Membership, if any to be mentioned)		
12.	Languages Known		
13.	Permanent Address		
14.	Local Address, if any		
15.	Contact No.		
16.	Email Id		
17.	Checklist (Please Tick)	Enclosed documents <input type="checkbox"/> Reference Letter issued by Centre Head (Annexure 'B') <input type="checkbox"/> UP/PG Mark sheet Reflecting CGPA / Percentage <input type="checkbox"/> Undertaking Form (Annexure 'B') <input type="checkbox"/> Copy of Aadhar Card	

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

Place:

Date:

Signature of the Applicant

Annexure 'B'

To be printed o college letterhead and signed by Principal / Director of College /Institution

Ref No:

Date :

To,

The Centre Head
Defence Institute of Biodefence Technologies (DIBT)
Defence Research &Development Organization (DRDO)
Siddarthanagar, Mysore -570011

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

Respected Sir,

We hereby request an internship opportunity under this **DRDO Paid Internship Scheme at DIBT, DRDO** for our **[Post Graduate]** student currently in the**semester / Year**, pursuing **[Engineering/ Science]**.

Shri / Ms. is a bonafide student of this institution, bearing enrollment number..... He /She is a meritorious student and is keen o gain practical exposure in defence related applications through an internship at your esteemed organization.

We request an internship from to Below are the details of the student, faculty coordinator and the college / institution:

Student Details :

Name	
Course (Eg. M. Tech/M. Sc)	
Brach /Discipline	
University Enrollment No. /College ID	
Mobile No.	
Permanent Residential Address	
Email ID	

Faculty Coordinator Details:

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

College Details:

College Name	
Regulatory Body (Tick as Applicable)	<input type="checkbox"/> AICTE <input type="checkbox"/> UGC <input type="checkbox"/> Others.....
AICTE Permanent ID (If applicable)	
UGC Code (if applicable)	
DTE Code (if applicable)	
Affiliated to (University Name)	
University Affiliation ID	
College Email ID	
College Contact No.	
College Address	
College Fax Number (If available)	

The college has no objection has no objection if he/she joins internship at your organization and is physically present in the establishment for a minimum of 15workin days in a month. The college will relieve the student to undergo the internship at your establishment. We also hereby accept to give the indemnity form as and when required by DIBT.

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

We believe that this internship will be an excellent opportunity for our student to entrance 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/ Director of College /Institution
With Office Seal.

UNDERTAKING FORM

(To be submitted by the student on plain paper, signed in original)

I,, S/o/D/o, a bonafide student of Course, studying in Semester / Year at **College/Institution**.....do hereby solemnly undertake and declare the following, upon joining the Paid Internship at DIBT, DRDO, Siddarthanagar Mysore, for the period from **01 August 2025 to 31 January 2026**.

1. Maintaining Secrecy & Compliance:

I shall fully comply with the **Indian official Secrets Act, 1923**, the **IT regulation and cybersecurity policies** of the Ministry of Defence, and other rules and regulations of DRDO. I shall not disclose, publish, or share any data/ information received during the internship on any platform including newspaper, periodicals, or social media, failing which necessary disciplinary action may be taken against me.

2. Rules Inside Government Labs:

I shall follow all rules and regulations applicable within the DRDO Laboratories during the internship. I understand that violation of lab specific rules will attract disciplinary action.

3. Project Task Commitment:

I shall diligently complete all assigned project tasks during the internship. I also confirm that I am not receiving or shall not receive any stipend or compensation from any other internship/ program during this period.

4. Non- Entitlement & Risk Undertaking

I Understand that **no compensation shall be paid in case of any injury or accident** that may occur during the internship period. I also accept that **DRDO will not provide accommodation**, and any **attendance shall be recorded through biometric/Aadhar-based systems**, as per lab/establishment norms.

5. Leave and Attendance:

I understand that **no leave is allowed except for medical (sick) leave**, with the production of valid doctor's prescription.

6. Progress Report Submission:

I shall **submit a project report after completion of 6 months/ project work**. I understand that a certificate of completion will only be issued **after evaluation of the project and submission of the report**.

7. Declaration of Commitment:

I affirm that I shall not take up any other internship during the internship period at DIBT. I shall adhere to all institutional, technical and ethical standards and complete the internship in full tenure.

8. Truthfulness of Provided Information:

I declare that all information provided in my application is true and accurate to the best of my knowledge. I accept that any misrepresentation may lead to cancellation of internship.

Place:

Date:

Signature of the student

Full Name:

College ID /Roll No.:

Mobile No.....

INDIAN OFFICIAL SECRET ACT

I,S/o/D/o..... resident of
address)
.....hereby certify that I have been
made acquainted with the provision of 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:

Signature

Date:

Name:

IT RULES

I,S/o/D/o..... resident of
address)
.....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:

Signature

Date:

Name: