Format for Application for Paid Internship Scheme

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

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

Place:

Date

Ref No:	Date:
To,	
The Director,	
Defence Materials and Stores Research &	Development
Establishment(DMSRDE)	
Defence Research & Development Organ Govt. of India, Ministry of Defence GT, Road, Kanpur – 208013	nization (DRDO)
Subject: Request for Paid Internship opp	ortunity for a period of six months
Respected Sir,	
Institute/college having enrollment no	
Name	
Course	
PRN / College ID Number	
Mobile No.	
Permanent Residential Address	
Email ID	
	<u> </u>

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. 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 / Director of College / Institution

With Office Seal.

UNDERTAKING

INDIAN OFFICIAL SECRET ACT

I,	S/o / D/o _	
resident of (address)		
District	h	ereby certify that I have been made
		ts Act, 1923. I understand that in case of
breach of official trust, I am	liable to the penalties detailed	d in the mentioned Act.
Station:		
Date :		
		Signature
		Name:
	UNDERTAKIN	G
	IT, Rules and Regul	lations
I,	S/o / D/o	
resident of (address)		
		reby certify that I will follow IT Rules and
		nendments thereof. I understand that in case
of breach, I am liable to the	penalties detailed in the ment	ioned Rules.
Station :		
Date :		
		Signature
		Digitative
		Name: