



NAVAL PHYSICAL & OCEANOGRAPHIC LABORATORY

Defence Research & Development Organization
Government of India, Ministry of Defence
Thrikkakkara, Kochi- 682 021

Annexure A

PERSONAL DETAILS (IN BLOCK LETTERS)

1. Name: _____
2. Father's Name: _____
3. Nationality _____
4. Age & Date of Birth _____
5. Mobile No. _____
6. Email ID _____
7. Photo ID Proof Details _____
8. Present Address _____

9. Permanent Address _____
_____ same as above ☐

Please affix
recent colour
Passport Size
Photograph in
this box.

ACADEMIC DETAILS (Class X onwards)

Sl. No.	Class/ Degree	Board/ University	College/ Institute	Subjects	% of marks obtained / CGPA

10. Whether you have undergone internship/project at NPOL earlier? If so, please specify:

Title/Topic of internship	Guide	Period of of Internship	Part of (course)

11. Please specify current year/semester of the course:
12. Any other relevant information (Please specify any awards /achievements below):

The above information is correct as per the best of my knowledge and belief. In case, information is found to be incorrect, I understand that my candidature will be cancelled.

Place:

Signature of Applicant

Date:

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List of Enclosures:

1. Self-attested copy of Government issued Photo ID proof
2. Endorsement letter from Head of Institution/Principal
3. Copy of semester/year-wise marklists for the course currently enrolled in
4. Curriculum Vitae of the applicant.

**FORMAT FOR ENDORSEMENT LETTER ISSUED BY HEAD OF INSTITUTION /
PRINCIPAL**

(To be printed on College Letter Head)

To,

The Director
Naval Physical & Oceanographic Laboratory
Defence R&D Organisation
Thrikkakara P O, Kochi - 682 021

Sub: **FORWARDING APPLICATION FOR PAID INTERNSHIP SCHEME AT NPOL**

Ref : NPOL Advt. No. NPOL/A/PIS/7/2025

I certify that Shri./Kum./Smt. _____ of
_____ (Degree and Discipline)
with Roll No./Reg No _____ is a bonafide student in our
institution/university/college, presently enrolled in _____ (Current Semester/Year)
is permitted to undergo internship at NPOL (DRDO), Kochi for a period of six months. He/She
has scored consolidated GPA/SGPA/Percentage _____ until the immediate previous
semester / year. It is certified that the six months internship/project training forms part of the
curriculum for the above course, as per the prescribed syllabus.

2. I will bear responsibility for his/her good conduct during the tenure of internship and
assure that he/she will follow the security norms and discipline of the Laboratory.

Name of Head/Principal:
(with seal/stamp)

Signature of Head/Principal

Contact No:

E-Mail:

College Seal

Date: