

Ref No: _____ Date: _____

To,

The Director,
Proof & Experimental Establishment (PXE)
Defence Research & Development Organization (DRDO)
Chandipur, Balasore, Odisha- 756025

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

Respected Sir,

We request an internship opportunity for our VII / VIII semester engineering student
_____ in PXE, DRDO Chandipur.

Shri / Ms _____ is a bonafide student of this college/
institute having Enrolment no. / Registration 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 _____ in PXE, Chandipur (for a period of
06 months). Below are the details of student, faculty coordinator and the college/
institution:

STUDENT DETAILS:

Name	
Course	
PRN/ 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	

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COLLEGE/ INSTITUTE DETAILS:

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

The college/ institute has no objection if he/ she joins internship at your organization and is physically present in your Establishment for a minimum of 15 working days in a month. The college/ institute 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 PXE, DRDO Chandipur.

It is also hereby assured that student will complete full tenure of his / her paid training at your Establishment. In case, if the student fails to complete the training for what so ever reason, the amount received by him/ her will be paid back to the Establishment within a week of his/ her reporting back to the college/ institution.

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.