

Format for Application for DRDO Paid Internship Scheme

| Format for Application for DRDO Paid Internship Scheme | | | |
|---|--|---|---|
| 1. | Name of the Applicant | : | |
| 2. | Date of Birth | : | |
| 3. | Father's Name | : | |
| 4. | Aadhar No. | : | |
| 5. | Gender | : | |
| 6. | Nationality | : | Indian |
| 7. | Name, Address & Contact No. of the College | : | |
| 8. | Discipline | : | |
| 9. | Branch Code | : | |
| 10. | Degree (Tick √) | : | UG: Semester/Year : PG: Semester/Year : |
| 11. | Average CGPA(On Scale of 10)/ Average % of marks of all semesters /years completed (Copy To be Enclosed) | : | |
| 12. | Achievement (Awards/Professional Membership, if any to be mentioned) | : | |
| 13. | Referral letter from Principal/HOD of college /institute | : | To be mandatorily attached |
| 14. | Permanent Address | : | |
| 15. | Local Address, if any | : | |
| 16. | Contact No of Individual: Alternate No: | : | |
| 17. | Email Id of Individual | : | |
| 18. | Checklist (Please Tick) | : | Enclosed documents (Tick √) Reference Letter issued by Principal/HOD : UG/PG Marksheet Reflecting CGPA/ % of marks for all previous semesters/ years : Copy of latest Aadhar Card : Copy of College Identity Card : |

Affix Latest
Passport Size Photo

The above information is correct as per best of my knowledge and belief. In case, information is found to be incorrect, my candidature may be cancelled.

Place:

Date:

Signature of the Applicant

To be printed on college letter head and signed by Principal / HOD/ TPO of College / Institution

Ref. No.: _____

Date: _____

To,
The Director,
Terminal Ballistics Research Laboratory,
Defence R&D Organisation,
Sector - 30, Chandigarh - 160030

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

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

Respected Sir,

We request an internship opportunity for our _____ semester B.Tech students / **IInd** year Post Graduate students for **Paid Internship Scheme of DRDO** at TBRL, Chandigarh which is a part of the B.Tech/ Post Graduate degree course of the institute.

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.