Trans.	mat fan Ameliaatian fan DDDO Daid	T4	aumahin Cahama	
<u>FOr</u>	mat for Application for DRDO Paid	Inte	ernsnip Scheme	
1.	Name of the Applicant	1:		Affix Latest
2.	Date of Birth	:		Passport Size Photo
3.	Father's Name	:		
4.	Aadhar No.	:		
5.	Gender	:		
6.	Nationality	:	Indian	
7.	Name, Address &	:		
	Contact No. of the College			
	_			
8.	Discipline (Related 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,			
10	if any to be mentioned)		77.1	1
13.	Referral letter from Principal/ HOD	:	To be mandatorily attached	
1.4	of college /institute			
14.	Permanent Address	:		
15.	Local Address, if any			
13.	Local Address, If any	:		
16.	Contact No of Individual:	:		
10.	Alternate No:			
17.	Email Id of Individual	:		
18.	Checklist	:	Enclosed documents (Tick	
	(Please Tick)		Reference Letter issued	
			Principal/HOD	<u> </u>
			UG/PG Marksheet Reflecti	ng :
			CGPA/% of marks for all	····o
			previous semesters/ years	
			Copy of latest Aadhar Card	<u> </u>
			Copy of College Identity C	
		1	copy of conege facility C	u1u ·

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 Applican

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 Labo Defence R&D Organisation, Sector - 30, Chandigarh - 160030	pratory,			
Subject: Request for Paid Intern	nship opportunity for a period of six months			
Ref: Advertisement No. TBRL/HRD/PDINTERN/2025/02				
Respected Sir,				
/ IInd year Post Graduate stud	pportunity for oursemester B.Tech students ents for Paid Internship Scheme of DRDO at TBRL, B.Tech/ Post Graduate degree course of the institute.			
enrollment no He/She is	is a bonafide student of this college having a meritorious student and is eager to gain practical plications through an internship at your esteemed			
We request an internship fithe details of the student, faculty c	fromto(6 months). Below are coordinator and the college / institution:			
Student Details:				
Name	:			
Course	:			
College ID Number	:			
Mobile No.	1:			
Permanent Residential Address	:			
Email ID	1:			
Average CGPA (On Scale of 10)/	1:			
Average % of marks of all				
semesters /years completed				
•				
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 Director/ Principal / HOD of College / Institution
With Office Seal.