1.	Name of the Applicant	Τ.		
2.	Name of the Applicant Date of Birth	:		Affix Latest
3.	Father's Name	<u> :</u>		Passport Size Photo
3. 4.	Aadhar No.	+		
4. 5.	Gender	·		
6.		<u> :</u>	Indian	
7.	Nationality Name, Address &	<u> :</u>	Indian	
7.	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)	٠		
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	:	Enclosed documents (Tick √)	
	(Please Tick)		Reference Letter issued by	:
			UG/PG Marksheet Reflecting CGPA/ % of marks for all previous semesters/ years	:
			Copy of latest Aadhar Card	:
			Copy of College Identity Car	d :

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, Defence Geoinformatics Him Parisar, Plot No. 1		esearch Establishment, ctor – 37 A, Chandigarh - 160036				
Subject: Request for Paid Internship opportunity for a period of six months						
Ref: Advertisement No. DGRE/DRPM/TCHR/5205/Voc Trg/5202/02						
Respected Sir,						
We request an internship opportunity for oursemester B.Tech students / IInd year Post Graduate students for Paid Internship Scheme of DRDO at DGRE, Chandigarh which is a part of the B.Tech/ Post Graduate degree course of the institute.						
Shri/Ms						
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 I	<u> Deta</u>	ils:				
Name of Faculty						
Name of Faculty Designation						
Department Contact No.						
Contact No. Email ID						
HOD Email ID						
HOD EIIIAII 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.