Format for Application for DRDO Paid Internship Scheme

1.	Name of the Applicant	:	Afi	ñv
2.	Date of Birth	••		
3.	Aadhaar No.	:	P	assport
4.	Name, Address &	:	Si	ze photo
	Contact No. of the College			
	Č		(4.	5 x 3.5cm)
5.	Discipline	:		
6.	Branch Code	:		
7.	Degree	:	Pursuing UG/ PG Please mention Semester/Year d	etails:
			(Please tick)	
			UG PG	
9.	Achievement	:		
,. 	(Awards/Professional	•		
	Membership, if any to be			
	mentioned)			
10.	Referral letter from	:		
10.	Principal/HOD of	Ī		
	college /institute			
11	Nationality		Indian	
11.	•	:	indian	
12.	Permanent Address	:		
13.	Local Address, if any	:		
13.	Local Address, If any	•		
14.		:		
14.	Contact No of Individual:	•		
1.5	Alternate No:			
15.	Email Id of Individual	:		
16.	Checklist of documents enclosed		Document:	Please Tick
	(Please note all the documents to		Reference Letter issued by Principal/HOD (UG/ PG)
	be mandatorily attached)		Copy of Marksheets Reflecting CGPA Copy of Aadhaar Card	
			copy of Addition Card	

Place:
Date: Signature of the Applicant

The above information is correct to the best of my knowledge and belief.

Ref No:	Date:
To,	
DIRECTOR DEFENCE LABORATORY JODHPUR PROF. DAULAT SINGH KOTHARI MARG RATANADA, JODHPUR – 342011 RAJASTHAN	
Subject: Request for Paid Internship opportunity for a period of	of six months
Ref: Advertisement No. DLJ/HRD/PAIDINTERNSHIP/2025/02	
Respected Sir,	
We request an internship opportunity for our VII / VIII ser Post Graduate students for Paid Internship Scheme of DRDO at DI	•
Shri/Ms is a bonafide student of	tudent and is eager to gain practica
details of the student, faculty coordinator and the college / institution	on:
Student Details:	
Student Details: Name	
Name	
Name Course	
Name Course College ID Number	
Name Course College ID Number Mobile No.	
Name Course College ID Number Mobile No. Permanent Residential Address	
Name Course College ID Number Mobile No. Permanent Residential Address Email ID Faculty Coordinator Details:	
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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

UNDERTAKING

INDIAN OFFICIAL SECRETS ACT

	S/o/D/o
resident of (address)	
District	hereby certify that I have been made
*	sion of the Indian Official Secrets Act, 1923. I understand that
	ial trust, I am liable to the penalties detailed in the mentioned
Act.	
Station :	
Date :	
	Signature
	Name:
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