

ANNEXURE-‘A’

DEFENCE RESEARCH & DEVELOPMENT ESTABLISHMENT
JHANSI ROAD, GWALIOR – 474 002

APPLICATION FORM-PAID INTERNSHIP SCHEME OF DRDO

Paste your recent
passport size
photograph here

Self Attested

1. Apply for the Subject Code & Subject Name :
2. Name in full in Block letter :
3. Date of Birth (Age as on 25th Jan, 2026) :
4. Nationality :
5. Address for Correspondence :
6. Permanent Address (with proof) :
7. Mobile No. :
8. Email ID :
9. ID Proof (PAN Card/Driving License/ Aadhar Card) :
10. Referral/Sponsorship Letter from current college/institute/university is attached (Y/N) :
11. Whether Internship period is a part of degree course -Yes or No (if yes, give details) :
12. Degree (UG: Year & Semester) :
(PG: Year & Semester) :
13. EDUCATIONAL QUALIFICATION (Kindly enclosed self-attested copies in respect of each):

S.No.	Class/ Degree	Board/ University	Year of Passing	Subjects	% of Marks obtained

14. Details of earlier internships, if any (Attach copy of the same): -

S.No.	College/Institute/Uni.	Period		Nature of Work	Stipend	Remarks
		From	To			

15. Any other Information: -

I certify that the particulars given above are correct.

Date:

Signature:

Name:

Address:

Ref No:

Date:

To,

The Director,
Defence Research & Development Establishment (DRDE)
Defence R&D Organisation, Jhansi Road
Gwalior-474002

Subject: REQUEST FOR PAID INTERNSHIP OPPORTUNITY FOR A PERIOD OF SIX MONTHS

Ref: DRDE Advertisement No. DRDE/HRD/Paid Intern/2025/02 dated 22nd Dec, 2025

Respected Sir,

We request an internship opportunity for our 03rd/ 04th Semester M.Sc. or 07th/ 08th Semester B.E./ B.Tech. students for Paid Internship Scheme of DRDO at DRDE, Gwalior.

2. 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.

3. We request an internship from to (06 months). Below are the details of the student, faculty coordinator and the college / institution:

(i) STUDENT DETAILS:

Name	
Course	
College ID Number	
Permanent Residential Address	
Mobile No.	
Email ID	

(ii) FACULTY COORDINATOR DETAILS:

Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HoD Email ID	

(iii) COLLEGE DETAILS:

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliated ID	
Email ID	
Contact No.	
Fax No.	

4. The college has no objection, if he/she joins internship at your organization. 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.

5. 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

I, S/o / D/o..... resident of (address) District hereby certify that I have been made acquainted with the provision of the Indian Official Secrets Act, 1923. I understand that in case of breach of official trust, I am liable to the penalties detailed in the mentioned Act.

Station:

Date:

Signature:

Name:

UNDERTAKING

I, S/o / D/o resident of (address) District hereby certify that I will follow IT Rules and Regulations applicable for Ministry of Defence and its amendments thereof. I understand that in case of breach, I am liable to the penalties detailed in the mentioned Rules.

Station:

Date:

Signature:

Name: