Ref No:	Date:/_/
To, The Director, DRDO Young Scientist Laboratory Quantum T Defence Research & Development Organization Gov. of India, Ministry of Defence Hall No. 1, Ground Floor, Vigyan Upakendra, DIAT Campus, Girinagar, Pune – 411 025.	
SUB: REQUEST FOR PAID INTE PERIOD OF S	
Respected Sir,	
We request an internship opportunity for on the student of the stu	our VII / VIII semester Engineering student / at
Shri / Msthis college having enrollment nostudent and is eager to gain practical expthrough an internship at your esteemed orga	osure in the defence related applications
We request an internship from 1 st Aug 2025 to student, faculty coordinator and the college / i	
Student Details	
Name	
Course	
PRN / College ID Number	
Mobile No.	
Permanent Residential Address	
Email ID	
Faculty Details	
Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HOD Email ID	

To be printed on college letterhead and signed by Principal /Director of College/Institution

College Details

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliated 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 indemnity form as and when required by DYSL-QT.

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 /Director of College / Institution with office Seal.

Format for Application for DRDO Paid Internship Scheme

1.	Name of Applicant	:		Affix Passport
2.	Date of Birth	:		Size photo
3.	Aadhar No.	:		(4.5 x 3.5)
4.	Name, Address & Contact No. of the College	:		
5.	Discipline	:		
6.	Branch Code	:		
7.	Degree	:		
8.	CGPA (On Scale of 10)	:		
	(Copy To be Enclosed)			
10.	Achievement	:		
	(Awards/Professional			
	Membership, if any to be			
	mentioned)			
11.	Referral letter from Principal/HOD	:		
	of college /Institute			
12.	Nationality	:	Indian	
13.	Permanent Address	:		
14.	Local Address, if any	:		
15.	Contact No of Individual:	:		
	Alternate No:			
16.	Email Id of Individual	:		
17.	Checklist	:		
	(Please Tick)			

Place:	
Date:	Signature of the Applicant

The above information is correct as per best of my knowledge and belief.

UNDERTAKING

INDIAN OFFICIAL SECRET ACT

I,	S/o / D/o				
resident of (address)					
District	hereby certify that I have been made				
resident of (address) District hereby certify that I have been material acquainted with the provision of the Indian Official Secrets Act, 1923. I understand that in case					
breach of official trust, I am liable to the per	nalties detailed in the mentioned Act.				
,					
Station:					
Date:	Signature				
	Name:				
L	INDERTAKING				
l,	S/o / D/o				
resident of (address)					
District	hereby certify that I follow II Rules and				
	nce and its amendments thereof I understand that in case				
of breach, I am liable to the penalties detail	ed in the mentioned Rules.				
Station:					
Date:	Signature				
	Name:				