

Application Form for Paid Internship (SAG/DRDO)

1.	Name of the Applicant	Affix Passport size photo (4.5 x 3.5 cm)	
2.	Date of Birth		
3.	Aadhaar Card Number		
4.	Name, Address & Contact No of the College		
5.	Permanent Address		
6.	Local Address, if any		
7.	Phone No. of Applicant		
8.	Email ID of Applicant		
9.	Degree	UG: <input type="text"/> Semester (7 th / 8 th): _____ PG: <input type="text"/> Year 2 nd : _____	
10.	CGPA (On Scale of 10) (Copy to be Enclosed)		
i)	10 th Percentage		
ii)	12 th / Diploma Percentage		
iii)	Other Qualifications		
iv)	Extra- Curricular Activities		
DECLARATION I hereby declare that, the above furnished particulars are correct and no information is suppressed. I understand that if any of the above information is found to be incorrect or some information is suppressed then my candidature is liable to be rejected and I may be subjected to any other action as the Government may deem fit.			
Place		Signature of the Candidate	
Date			

To be printed on college letter Head and signed by Principal /HOD/TPO of College/ Institution

Ref. No.: _____

Date: _____

To,

The Director
Scientific Analysis Group (SAG)
DRDO, Ministry of Defence
Civil lines, Metcalf House
Delhi -110054

Subject: Request for 06 Months Paid Internship Scheme of DRDO for for Final year students of the academic year 2025-26

Ref: Advertisement No. SAG/HR/4205/Paid _Internship/2025/02

Respected Sir,

We request an internship opportunity for Shri/Ms..... who is a bonafide student of this college having enrolment no..... He/She is pursuing his/her semester/ year of B.E./B.Tech./M.E./M.Tech/M.Sc. of our institution and is eligible for **06 Months Paid Internship Scheme of DRDO** at SAG, Delhi.

2. 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 01st January 2026 to 30th June 2026 (6 months). Below are the details of the student, faculty coordinator and college / institution:

Student Details:

Name	
Course	
College ID Number	
Mobile No.	
Permanent & Residential Address	
E-mail ID	

Faculty Coordinator Details:

Name of Faculty	
Designation	
Department	
Contact No.	
E-mail ID	
HOD E-mail ID	

College Details:

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

4. The college has no objection if he/she joins internship at your organization and is physically present in the establishment for minimum of 15 working days in a month. The college will relieve the student to undergo the internship at your establishment.

5. It is also hereby assured that student will complete full tenure of his/her paid internship.

6. We believe that this internship will be an excellent opportunity for our student to enhance his/her technical skill. 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

IT RULES AND REGULATIONS

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: _____