

PROFORMA FOR APPLICATION OF INTERNSHIP AT DIPR, DRDO, TIMARPUR, DELHI-54

1.	Full Name in Block Letters	<div style="background-color: #4f81bd; color: white; padding: 10px; border-radius: 10px; text-align: center;"> Affix latest passport size photo </div>
2.	Date of Birth	
3.	Aadhar No	
4.	Name, Address & Contact No of the College	
5.	Discipline	
6.	Branch Code	
7.	Degree	UG: Semester/Year PG: Semester/Year :
8.	CGPA (On Scale of 10) (Copy to be Enclosed)	
9.	Achievement (Awards/Professional Membership, if any to be mentioned)	
10.	Languages Known	
11.	Referral letter from Principal/Director of college / institute	To be mandatorily attached
12.	Permanent Address	
13.	Local Address, if any	
14.	Contact No of Individual: Alternate No :	
15.	Email Id of Individual	
16.	Checklist (Please Tick)	Enclosed documents 1. 2. 3.
<p>The above information is correct as per my best of knowledge and belief</p> <p align="right"> Signature of the Candidate Date: </p>		

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

Ref No: _____

Date: _____

To,
The Director,
DEFENCE INSTITUTE OF PSYCHOLOGICAL RESEARCH (DIPR),
Lucknow Road,
Timarpur,
Delhi-110054

Subject: Request for Paid Internship opportunity for a period of six months

Respected Sir,

We request an internship opportunity for our VII/ VIII semester engineering student /I/IIyear Post Graduate student for Paid Internship Scheme of DRDO at DIPR, DRDO.

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.

We request an internship from 1st Feb 2026 to 31st July 2026. Below are the details of the student, faculty coordinator and the college / institution:

Student Details:

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

Faculty Coordinator Details:

Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HOD Email 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. We also hereby accept to give the indemnity form as and when required by DIPR.

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

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.