

Application for Paid Internship Scheme

1.	Name of the Applicant	:		Affix Passport size photo (4.5 x 3.5cm)
2.	Date of Birth	:		
3.	Aadhar No	:		
4.	Name, Address & Contact No of the College	:		
5.	Discipline	:		
6.	Branch Code	:		
7.	Degree	:	UG: <input type="text"/> Semester (7 th / 8 th) : _____ PG: <input type="text"/> Year (1 st / 2 nd) : _____	
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 <input type="checkbox"/> Reference Letter issued by Principal / Director <input type="checkbox"/> UG / PG Marksheets Reflecting CGPA <input type="checkbox"/> Copy of latest Aadhar Card	

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

Place:

Date :

Signature of the Applicant

Ref No: _____

Date: _____

To,

The Director,
High Energy Materials Research Laboratory (HEMRL)
Defence Research & Development Organization (DRDO)
Sutarwadi, Pune - 411021, Maharashtra, India.

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/II year Post Graduate student.....
.....at HEMRL, 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 Jul 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 HEMRL.

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.

Sr No	Branch	Branch Code
1	Aerospace Engg	AE
2	Artificial Intelligence & Data Science	AI&DS
3	Automobile Engg	AU
4	Chemical Engg	CE
5	Chemistry	CHEM
6	Computer Engg / Computer Science	CS
7	Electrical Engg / Electrical & Power Engg	EE
8	Electronics & Communication Engg	ECE
9	Environmental Technology	ENV
10	Fire Technology and Safety Engg	FI&SE
11	Instrumentation	IN
12	Material Engg / Material Science	MS
13	Mechanical Engg / Mechanical Automation Engg	ME
14	Physics	PH
15	Textile Technology	TT
16	Veterinary Science and Animal Science	VS