

**Format for Application for Paid Internship Scheme**

1	Name of the Applicant	:		<b>Affix Passport size photo (4.5x3.5 cm)</b>
2	Date of Birth	:		
3	Aadhar No.	:		
4	Name, Address & Contact No. of the College	:		
5	Discipline	:		
6	Branch Code	:		
7	Degree	:	UG(B.E): <input type="checkbox"/> Semester (7 <sup>th</sup> /8 <sup>th</sup> ): _____ UG(B.Tech): <input type="checkbox"/> Semester (7 <sup>th</sup> /8 <sup>th</sup> ): _____	
8	CGPA (on Scale of 10 ) (Copy to be Enclosed )	:		
9	Language Known	:		
10	Referral letter from Principal / Director of College / Institute	:	To be mandatorily attached	
11	Permanent Address	:		
12	Local Address if any	:		
13	Contact No. of Individual Alternate No.	:		
14	Email ID of Individual	:		
15	Checklist (Please Tick)	:	Enclosed document <input type="checkbox"/> Reference Letter issued by Principal / Director <input type="checkbox"/> Copy of latest Aadhar Card	

**DECLARATION**

I hereby declare that, the above furnished particulars are correct to the best of my knowledge and no information is suppressed. If at any time, I am found to have concealed / distorted any information, my internship shall be liable to be summarily terminated without any prior notice. I am ready to take up and discharge the duties assigned to me.

Place :

Date :

**Signature of the Applicant**

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

To,

The Director,  
Vehicle Research & Development Establishment (VRDE)  
Defence Research & Development Organization (DRDO)  
VahanNagar, Ahilyanagar- 414006, 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..... at VRDE, 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 of Student from **1<sup>st</sup> July 2026 to 31<sup>st</sup> Dec 2026**. Below are the details of the student, Faculty Coordinator and the College / Institution:

**Student Details:**

Name	
Course	
Permanent Registration Number / 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/ Institute Details:**

College / Institute 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 you 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 VRDE.

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.