

Format for Application for DRDO Paid Internship Scheme - 2026

1.	Name of the Applicant	:		Affix Passport Size Photo (4.5 x 3.5cm)
2.	Date of Birth (DD/MM/YYYY)	:		
3.	Aadhaar No.	:		
4.	College Name, Address & Contact details	:		
5.	Discipline & branch code	:		
6.	Degree	:	UG: Semester/Year: <input type="checkbox"/> BE/ BTech PG: Semester/Year: <input type="checkbox"/> ME/MTech/MSc	
7.	Percentage (Support document for CGPA to percentage conversion if applicable)	:		
8.	Reason/ Purpose for applying to LRDE (also mention the topic of interest from the table 1.2)	:		
9.	Achievement (Awards/Professional Membership, if any to be mentioned)	:		
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 (Verify if the documents mentioned are enclosed along with the application)	:	Enclosed documents a) Reference Letter issued by Principal / HOD b) UG/PG Marks sheet Reflecting Percentage c) Copy of latest Aadhaar Card d) Copy of College ID Card	

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

Place:
Date:

Signature of the Applicant

To be printed on college letter head and signed by Principal/HOD/Internship Coordinator

Ref No: _____

Date: _____

To

The Director,
Electronics and Development Establishment (LRDE),
Defence R&D Organisation, Govt. of India,
Ministry of Defence, CV Raman Nagar, Bengaluru – 560 093.

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

Respected Sir,

We request an internship opportunity for the following **VII/VIII** semester BE/B Tech Student / **II** year ME/M Tech/M Sc student for **Paid Internship Scheme of DRDO** at LRDE, Bengaluru, who is a bonafide student of our institute.

We request an internship from 1st Aug 2026 to 31st Jan 2027. Below are the details of the student, faculty coordinator and the college / institution:

Student Details:

Name	
Course & subject	
PRN / College ID Number	

Faculty Coordinator Details:

Name of Faculty	
Designation	
Department	
Contact No.	
email ID	

College Details:

College Name	
AICTE / UGC Permanent ID	
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 at LRDE for a minimum of 15 working days in a month during internship period. The college will relive the student to undergo the internship at your Establishment. We also hereby accept to give the indemnity form as and when required by LRDE, Bengaluru.

It is also hereby assured that student will complete full tenure of his / her paid internship. The student will follow all the rules & regulations of LRDE.

Thanks and Regards,

Signature of Principal/HOD/Internship Coordinator
With Office Seal.

Enclosure: Application Form

UNDERTAKING BY CANDIDATE

INDIAN OFFICIAL SECRET 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 _____



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Station: _____

Date: _____

Signature _____

Name _____