



Registration Form for Internship Program-2022

Student Details:

Name:

Gender: M/F/O

DOB:

Email:

Contact No.

Address:

Institution/Education Details:

Current Status of the Course (UG/PG) and details:

Year of Completion:

Institution's Name: (currently associated):

Address:

Name and Contact details of one faculty member of your Department for reference:

Faculty 1

Name:

Contact number:

Institute mail ID:

Duration of internship interested in: 03 months or 06 months

A. Interest of Research Field / Topic- elaborate:

B. What's the Purpose of your internship?

C. How do you think this Internship experience might enrich you?

Attachments:

Upload Current Resume

Upload Govt. Identification Card

Upload Photograph

☐ I agree that all the above information furnished by me is true to the best of my knowledge and belief and in case of any otherwise incident, I will be responsible for the consequences.

Upload Digital Signature

(NAME OF THE CANDIDATE)