

APPLICATION FORM FOR INTERNSHIP PROGRAMME
DEPARTMENT OF EXPENDITURE

Please affix
Photograph

Phone number of sponsoring institution:

BIO-DATA

Full Name (Mrs/Ms./Mr.):

First Name

Middle Name

Last Name

--	--	--

Date of Birth: (DD/MM/YY)

Age as on 01.04.2015

--	--	--

Full Postal Address for Communication (including e-mail address):

E-Mail.

Telephone No:

Residence

Mobile

Educational Qualification:

Exam	University/Institute	Year of Passing	% of Mark	Subject (Arts/Commerce/Science/Tech etc.)

(Attach additional Sheets, if required)

Additional Qualification (CA/ICWA/Computers etc):

Subject of Specialisation / Interest

Extra Curricular Activities

Projects Undertaken

Project Preferences: (PLEASE NOTE THAT IT MAY NOT ALWAYS BE POSSIBLE TO ALLOCATE PROJECT OF YOUR CHOICE).

Preferred duration / time period for the internship: (Please specify months)

The applicants are also required to submit a write-up, in their own hand and duly signed, not exceeding 500 words, on why they would consider this programme useful and how it fits in with their of career growth.

I certify that above information furnished by me is true to my knowledge and belief. I also agree that in the event of any misrepresentation and / or falsification of information, my internship shall be liable for termination without notice and without prejudice to any other administrative/ legal proceedings that Department of Expenditure may deem fit to initiate.

Place:

Date:

Signature:

Name:

Authentication of particulars furnished above by the Institute / University

This is to certify that the information by Mrs/Ms./Mr _____ in the form of application above is correct to the best of our knowledge.

Recommendations, if any.

(Signature & Seal of Authorised Official)