

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth: (DD/MM/YY)

Age as on 01.04.2017

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Full Postal Address for Communication (including e-mail address):

<p>E-Mail.:</p>
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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):**

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**Subject of Specialisation / Interest**

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**Extra Curricular Activities**

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**Projects Undertaken**

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

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

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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)