



Application for Internship 2022

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1. Name:

2. Date of Birth:

3. Address for Correspondence:

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E-mail:

Contact Number:

4. Permanent Address:

5. Are you a student? If yes, please give the following details:

(a) Name of the Course & Subject:

(b) Institution/ University:

(c) Period of Study:

From: to.....

6. Is this internship a mandatory requirement of your course?

7. If you are not a student, give your educational qualification details:

(a) Name of the Course & Subject studied:

(b) Institution/ University:

(c) Year:

8. Dates of internship proposed:

From..... to

9. The area you have chosen for Internship:

10. Why do you choose to do internship with Centre for Disability Studies, CMS College, Kottayam? (Maximum 100 words)

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11. Do you have any previous experience in this field?

Reference:

(If you are a student, please give the name and contact details of a Professor who knows you as a student. If you are already working, please give the contact details of the officer to whom you report.)

- (a) Name
- (b) Institutional Address
- (c) Email
- (d) Phone Number

I (Name) hereby certify that the information given above is correct to the best of my knowledge. If selected for the internship, I agree to abide by the rules and regulations of CDS, CMS College, Kottayam.

Signature

Date

Note:

1. No financial assistance will be provided by CDS during the term of the internship.
2. Interns will be issued certificates only after the successful completion of the internship.
3. The performance of the Interns will be evaluated, and the certificates issued will show the grades awarded.