

## SPTWD APPLICATION FOR INTERNSHIP

*\* Required*

1. Full Name \* \_\_\_\_\_
2. Age \* \_\_\_\_\_
3. Date of Birth \* \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_
4. Sex \* ☐ Male ☐ Female
5. Home Address \*
6. Mobile Number \*
7. Email ID\*
8. Emergency information \* (*alternative phone number & email ID with name of person and relation*)
9. Languages Known \*  

☐ English

☐ Intermediate

☐ Advance

☐ Hind

☐ Intermediate

☐ Advance

Other : \_\_\_\_\_

☐ Intermediate

☐ Advance
10. General Condition of Health \* ☐ Excellent ☐ Good ☐ Fair
11. If any health condition or illness
12. State/Nationality \* \_\_\_\_\_
13. Your Educational Qualification  

☐ Non- Graduate

☐ Graduate

☐ Post- Graduate

☐ Others
14. Name & Address of the Institution \*
15. Name of the Course \* \_\_\_\_\_
16. Duration of Internship \* \_\_\_\_\_
17. Duration of Internship (From Date)\* \_\_\_\_\_
18. Duration of Internship (To Date) \* \_\_\_\_\_

19. Reference: Professor or Head of the department/Institutions whom you are reporting to? \*

Name & Designation

Department

Contact Number

Email ID

20. Objective of internship? Any specific work\Project you want to achieve during internship with us ? \*

21. Are you willing to do your internship in any part of North East India where ever SPTWD will assign you? Yes/No \*

☐ Yes

☐ No If No, reasons:

22. Please state below what consideration led you to apply for an internship with SPTWD? \*

23. Who sponsors your internship? \*

24. Attached Bonafide Certificate with copy of ID \* ☐ Yes ☐ No

25. Attached Reference letter from the institution regarding the internship \*  
☐ Yes ☐ No

25. TERMS AND CONDITIONS \*

- a) If medical treatment require during the internship you are required to cover the expenses.
- b) SPTWD has all rights to terminate your internship if found disqualified.
- c) All other expenses during internship should be borne by the intern students.
- d) SPTWD prohibit smoking, drinking or any non - prescribe drugs.
- e) During internship, you will uphold the values and ethos of SPTWD and will abide and follow the rules and regulations and policies of SPTWD  
☐ Yes ☐ No

26. I hereby certify all the above information are true to the best of my knowledge and belief\*

☐ Yes

☐ No