INTERNSHIP APPLICATION FORM

(Animal-Plant-Interaction lab)

Full Name:

Date of Birth:

Gender:

Email:

Mobile Number:

Current Address:

Permanent Address:

College/University:

Department/Programme:

Year/Semester:

Internship Duration Applied For:

Preferred Joining Date:

Area of Interest:

Relevant Skills/ Previous Research/Internship Experience:

Statement of Purpose (Why do you want to join our lab?):

Declaration by the Applicant

I hereby confirm that the information provided by me is true and correct to the best of my knowledge.

I understand that I am expected to attend the internship for the complete duration allotted to me. If I discontinue or leave the internship before the approved completion date, I shall not be eligible for an internship completion certificate, letter of recommendation or any other certificate from the lab.

I agree to abide by all laboratory rules and safety guidelines during my internship.

(Please note: Certificates/degrees may be furnished upon request).

Name of Applicant:

Signature:

Place:

Date: