



Affix
Passport size
Photo

Application Form for Internship

Date of Application: _____

1. Name: _____

2. Father's Name: _____

3. Permanent Address:

4. Telephone (Landline): _____ 5. Mobile: _____

6. Email: _____

7. Date of Birth: _____ 8. Gender: _____

9. Nationality: _____

Academic Details

Degree/Course	Year	College/Institute	Board/University

10. Please tell about prior work/ training experience, if any.

11. Please demonstrate how your skill sets, competencies and interests match the NGO's requirements.

12. Please explain why you are applying for internship programme at Ek Pahel.

Internship Details

13. Duration of Internship:

From (Date) _____ **to (Date)** _____

14. Number of months: _____

Terms and Conditions

1. Ek Pahel will provide a Certificate to the intern on completion of the term and based on the report from the mentor.
2. The intern will follow Ek Pahel rules and conform to the values and work ethics of the organization.

Place:

Signature

For

Ek Pahel B R Memorial Welfare Society

Head Office: 90A, Alka Kunj, Kamla Nagar, Agra-282005
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