

CENTRE FOR DISABILITY STUDIES
POOJAPURA, THIRUVANANTHAPURAM
(A unit under LBS Centre for Science and Technology)
INTERNSHIP

REGISTRATION FORM

1. Student's Name :
2. Father's Name :
3. Occupation :
4. Address :
.....
5. Age and Date of Birth :
6. Phone (Home) : Phone (Mobile) :
- Email :
7. Name and Address of the college, where the student is undergoing/
completed his /her course work
.....
8. Course : B Sc / BA / B-Tech Major :
- Semester Undergoing : Course Duration :
9. Date from when intended to do internship :
10. Duration of Internship : 30 /45 Days
11. Recommended by the head of the institution:

Signature of the student/-
.....

Place:

Date:

Name & Signature of the
Head Of the Institution

Attach to the Application the Following

1. A list of course work completed along with the grade, semester and year of each course.
2. A description of job experiences, you have relevant, to this internship.
3. A statement of your career goals and explanation of how this internship will help you reach those goals. Be specific of the experiences you want to gain through internship.

