

Application for Students Internship Programme

1. Name of Applicant: _____

2. Present University/College or Institutional affiliation: _____

3. Area of study: _____

4. Date on which degree will be granted (Day/Month/Year) _____ / _____ / _____

5. Briefly explain your reasons for applying to the DDMA Internship.

Please include specific objectives and expected benefits of the internship:

6. Requested dates for Internship

(DDMA only accepts interns for a minimum of 4 weeks)

From: _____ to: _____

7. Personal Information:

A. Name: _____

B. Date of Birth: (D) _____ / (M) _____ / (Y) _____

C. Father's Name: _____

D. Present address _____

_____ PIN _____

E. Permanent address: _____

F. Telephone / Mobile number: +91 _____

8. Statement of understanding of the conditions of the Internship:

I understand that, should I be accepted as an intern in DDMA, the following conditions will apply:

- A) **Financial Support**: I shall NOT be paid stipend by DDMA and must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.
- B) **Medical Health and Life Coverage**: DDMA accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship.
- C) **Confidentiality and Publication of Information**: As an intern, I will respect the Confidentiality of information that I collect or am exposed to at DDMA. No reports or papers may be published based on information obtained from DDMA without the explicit written authorization of the Office.

Signature of applicant:

Date:

(For Office use only)

Application Sl. No: _____ Date _____

Application: (a) Accepted _____ (b) Rejected _____

Supervisor (s) Name: _____

Designation: _____ Department (s) _____

Signature of Accepting Authority:

Deputy Commissioner cum Chairman,
District Disaster Management Authority,
Cachar, Silchar.

(Seal)