## **Internship form**

You can either send this form by scanning it or you can send all the information asked for in your e-mail to: <a href="mailto:nariphaltanjobs@gmail.com">nariphaltanjobs@gmail.com</a>

Attach a recent photograph.

Please fill all the information in English and sign at the bottom of the page

	First name	Middle	Family name		
2.	Nationality :	-			
3.	Aadhar No. :	Please attach a self-attested photocopy.			
4.	Indian Visa No.(for foreigners only)	:	Valid till :		
	Please attach a photocopy of passport and visa with this form ( for foreign interns only).				
5.	Permanent address:				
	Phone No. (with country code):		E-mail :		
	Contact phone/fax number of your family in case of emergency :				
6.	When do you want to start the interns	ship	? for how long ? (months)		
7.	What are your expectations from this internship? Please describe it in about 250 words (on a separate sheet) and attach it with this form.				
8.	Please attach a detailed CV and a list of 3 professional references (with their mobile phone numbers) with this application.				
9.	Have you or your family ever been indicted by police? If yes, please give the details on separate piece of paper.				
10.	Your (travel) plans after the internship (for foreigners only)?				
11.	Please provide proof of your having medical insurance. Without you being covered by a valid medical insurance you will not be taken in the internship program.				

I hereby declare that all the above information is true, and I will abide by all the rules and regulations of the Institute.

I also declare that all the information I will receive at Nimbkar Agricultural Research Institute (NARI) is confidential and is the intellectual property of NARI and I will be liable to be legally prosecuted if I disclose it to or share it with a third party without a written permission from NARI.

I also declare that during my internship at NARI, the Institute is in no way responsible for any physical and mental injury received by me. In the event of this happening all the medical bills will be borne by me. Thus I absolve NARI of any legal consequences arising out of the injuries, if any, sustained by me.

I am signing this form without any coercion or pressure and of my own free will.

Signed:		Date :
Name of intern :		
Witness:	Name:	
Place		