CONFIDENTIAL

SCEF-0001

PROFORMA

Internship / Fellowship

Strategic Commission

|  |  |  |
| --- | --- | --- |
| 1. | Name(s) of Internee: | PHOTO |
| 2. | Son/ Daughter of: |  |
| 3. | NIC No: |  |
| 4. | Desired schedule of Internship: | From | To |
| a. | Duration: |  |  |
| b. | Recommending University: |  |
| 5. | Venue to be visited: |  |
| 6. | Cat of Site/ Dept / Dte where internship is to be done: | Cat-4Cat-3Cat-2Cat-1 |
| 7. | Security Status- Cleared by SIT:(In case Yes att photocopies) |  NoYes |
| 8. | Bio data of Internee attached: | NoYes |
| 9. | Any other significant information: |  |

CONFIDENTIAL