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-4  Cat-3  Cat-2  Cat-1 | |
| 7. | Security Status- Cleared by SIT:  (In case Yes att photocopies) | | No  Yes | |
| 8. | Bio data of Internee attached: | | No  Yes | |
| 9. | Any other significant information: | |  | |

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