

Internship Request Form

★ marked fields are mandatory and cannot be left blank

A. Personal Details	
Name: (CAPITAL LETTERS) ★ Male / Female / Other (use ✓mark)	
Date of Birth:	
Nationality: ★	
Phone / Mobile Number: ★	
Email: ★	
Communication Address: ★	
Permanent Address:	
Purpose: ★	1. Academic 2. Personal Interest (use ✓mark)
<i>If academic, please mention the institution details below:</i>	
Institute Name: ★	
Institute Address & Email: ★	
Contact Person / Guide: ★	
Contact Person's Phone Number: ★	
Contact Person's Email: ★	
<i>please include letter from the institute in case of academic purpose</i>	
B. Internship Details	
Duration: ★	From: _____ To: _____
Number of Month / Days:	
Areas of Interest: ★ (use ✓mark)	<ol style="list-style-type: none"> 1. Education 2. Child Protection 3. Mother & Child Health 4. Adolescent Health 5. Nutrition 6. Resource Mobilization 7. Events and Communication
ID Proof Type:(use ✓mark) ★	Voter ID / PAN Card / Passport / Aadhar Card
ID Proof Number:	
ID Proof Attached: (use ✓mark)	Yes / No 1. Photocopy 2. Scanned Copy
Insert Your Photo:	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;">Insert / Paste Your Recent Stamp Sized Photo Here</p> </div>
Attach Your Updated CV, Mark sheets	File Name:

/Certificates, ID Proof (which one is mentioned above): ★	
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Note for Interns:

1. DAIRA CARES FOUNDATION Main Campus at Ranchi, Jharkhand.
2. DAIRA CARES FOUNDATION adheres following policies on Child Protection, Gender, HIV/AIDS, Sexual Harassment at Workplace, Code of Conduct. You will be required to read these policies and abide by the same during the course of your engagement with the institute.
3. Violation of institutional norms & policies may lead to disciplinary actions against the concerned person(s).
4. You will be assigned to report to a Senior Official who would guide you throughout the period of your engagement as Intern.
5. You would be required to submit a report of your learning.
6. We prefer that you devote some of your time after the assignment period towards resource mobilization from your friends / family members towards the benefit of women and children from the poorest of the poor communities.
7. Your suggestions to improve DAIRA CARES FOUNDATION's internship assignments will be appreciated.

The information cited above is true to the best of my knowledge and I also declare to abide by the terms & conditions mentioned above.

Signature of Applicant: _____

Date: _____

Please contact the following person to submit the application and discuss further on your assignment if necessary.

Name: Daira Cares Foundation

Email: dairacaresfoundation@gmail.com

Tel: +91-9931177809