

Format for Application for DRDO Paid Internship Scheme

1.	Name of the Applicant	:		Affix Passport size photo (4.5 x 3.5cm)
2.	Date of Birth	:		
3.	Aadhar No	:		
4.	Name, Address & Contact No. of the College	:		
5.	Discipline	:		
6.	Branch Code	:		
7.	Degree	:	UG: Semester/Year: <input type="text"/> PG: Semester/Year: <input type="text"/>	
8.	% Marks/CGPA (On Scale of 10) (Copy to be Enclosed)	:		
9.	Achievement (Awards/Professional Membership, if any to be mentioned)	:		
10.	Languages Known	:		
11.	Referral letter from Principal/Director of college /institute	:	To be mandatorily attached	
12.	Permanent Address	:		
13.	Local Address, if any	:		
14.	Contact No. of Individual: Alternate No:	:		
15.	Email Id of Individual	:		
16.	Checklist (Please Tick)	:	Enclosed documents <input type="checkbox"/> Reference Letter issued by Principal/Director <input type="checkbox"/> UG/PG Marksheet Reflecting CGPA <input type="checkbox"/> Copy of latest Aadhar Card	

The above information is correct as per my best of knowledge and belief.

Place:

Date:

Signature of the Applicant

RefNo:_____

Date:

To,

The Director,
Defence Research and Development Laboratory(DRDL),
Defence R&D Organisation, P.O.Kanchanbagh,Hyderabad,Telangana-500 058.

Subject:Request for Paid Internship opportunity for a period of sixmonths

RespectedSir,

We request an internship opportunity for our Final year engineering graduate student or Final year PostGraduate Engineering/Physical Science student for **Paid Internship Scheme of DRDO at DRDL/ASL/CAS, Hyderabad.**

Shri/Ms.....is a bonafide student of this college having enrollment no-----He/She is a meritorious student and is eager to gain practical exposure in the defence related applications through an internship at your esteemed organization.

We request an internship from **1stAugust2025 to31thJanuary2026**.Below arethe details of the student, faculty coordinator and the college / institution:

StudentDetails:

Name	
Course	
PRN/College IDNumber	
Mobile No.	
Permanent Residential Address	
Email ID	

FacultyCoordinatorDetails:

Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HOD email ID	

CollegeDetails:

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliation ID	
Email ID	
Contact No.	
Fax No.	

The college has no objection if he/she joins internship at your organization and is physically present in the establishment for a minimum of 15 working days in a month. The college will relieve the student to undergo the internship at your establishment. We also hereby accept to give the indemnity form as and when required by DRDL/ASL/CAS, Hyderabad.

It is also here by assured that student will complete full tenure of his/her paid training.

We believe that this internship will be an excellent opportunity for our student to enhance his/her technical skills. Kindly consider this request and grant the necessary permissions. We assure you of our student's commitment to learning and adherence to all institutional norms.

Thanks and Regards,

Signature of Principal/Director of

College / Institution

With Office Seal.