Ref No:	Date:/_/
To, The Director, DRDO Young Scientist Laboratory Quantum Defence Research & Development Organizat Gov. of India, Ministry of Defence Hall No. 1, Ground Floor, Vigyan Upakendra, DIAT Campus, Girinagar, Pune – 411 025.	· , ,
SUB: REQUEST FOR PAID INTE	
Respected Sir,	
We request an internship opportunity for only the student of the s	our VII / VIII semester Engineering student / at
Shri / Msthis college having enrollment nostudent and is eager to gain practical expendent an internship at your esteemed organical expenses.	posure in the defence related applications
We request an internship from 1 <sup>st</sup> Aug 2025 student, faculty coordinator and the college /	
Student Details	
Name	
Course	
PRN / College ID Number	
Mobile No.  Permanent Residential Address	
Email ID	+
Faculty Details	
Name of Faculty	
Designation	
Department	
Contact No.	
Email ID	
HOD Email ID	

To be printed on college letterhead and signed by Principal /Director of College/Institution

## **College Details**

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliated 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 indemnity form as and when required by DYSL-QT.

It is also hereby assured that student will complete full tenure of his / her paid Internship.

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.

## Format for Application for DRDO Paid Internship Scheme

1.	Name of Applicant	:		Affix Passport
2.	Date of Birth	:		Size photo
3.	Aadhar No.	:		(4.5 x 3.5)
4.	Name, Address & Contact No. of the College	:		
5.	Discipline	:		
6.	Branch Code	:		
7.	Degree	:		
8.	CGPA (On Scale of 10) (Copy To be Enclosed)	:		
10.	Achievement			
10.	(Awards/Professional			
	Membership, if any to be mentioned)			
11.	Referral letter from Principal/HOD of college /Institute	:		
12.	Nationality	:	Indian	
13.	Permanent Address	:		
14.	Local Address, if any	:		
15.	Contact No of Individual:	:		
	Alternate No:			
16.	Email ld of Individual	:		
17.	Checklist	:		
	(Please Tick)			

Place:	
Date:	Signature of the Applicant

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

## **UNDERTAKING**

## **INDIAN OFFICIAL SECRET ACT**

l,	S/o /		D/o				
resident of (address)  District  acquainted with the provision of the Indian Official Se							
District	hereb	Ŋ	certify	that	I have	been	made
acquainted with the provision of the Indian Official Se	ecrets Act	, 19	923. Í	under	stand th	nat in c	ase of
breach of official trust, I am liable to the penalties deta							
,							
Station:							
Date:				Sian	ature		
					e:		
UNDERTAK	ING						
I,	S/o	/	D/o				
resident of (address)  District  Regulations applicable for Ministry of Defence and its							
District	hereby	CE	ertify th	nat I	follow I	T Rule	es and
Regulations applicable for Ministry of Defence and its	amenume	IIIS	mered	of I un	derstan	d that i	n case
of breach, I am liable to the penalties detailed in the m	entioned H	≺ul	es.				
Station:							
Date:				Sign	ature		
				Nam			