

Internship Application Form

To be completed by applicant:

Name :.....

CID No. :.....

Current Address:.....

Email :.....

Contact No. :.....

School/College :.....

Class/Year :.....

Course :.....

Completion Year:.....

Objective of internship/OJT:

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Expected outcome:

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.....
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Duration: From.....Till.....

Signature.....

Date:.....

Note: Internship in SMCL shall be minimum of one month and shall be extendable base on performance and need. No remuneration shall be paid.

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