**C3S INTERNSHIP APPLICATION FORM**

**Please fill in the complete form, without which internship application is deemed incomplete. Insert additional pages if necessary.**

**Name of intern:**

**Phone No(s): Email id:**

**Educational Qualification: *Degree(s)*:**

***Years of Study*:**

***Name of institution(s)*:**

**Address for communication:**

**Nationality:**

**Institution/University Affiliation:**

**Institution address:**

**Institution contact person & phone number:**

**Institution contact person email id:**

**Dates of internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Emergency contact person*:**

***Relation:***

***Phone number(s): Email id:***

**Reason for choosing C3S for internship:**

**Area(s) of Research Interest:**

**Format of research paper(s): To be finalized in consultation during the first meeting with Director, C3S based on subject selection. [2000 word Article(s)/ 10-12 pages Occasional Paper and/or 50-70 pages Monograph]:**

**Abstract(s) on chosen topic (400 words): - Can provide up to 2-3 choices for discussion with C3S members.:**

**Timeline of milestones (Weekly plan for progress for internship- Week 1, Week 2, ….) :**

I certify that all of the statements in this application are true and complete to the best of my knowledge.

**Date:**

 **Signature:**