Government of Himachal Pradesh
Department of Revenue
(Disaster Management Cell)
****

APPLICATION FORM FOR INTERNSHIP PROGRAMME AT
HIMACHAL PRADESH STATE DISASTER MANAGEMENT AUTHORITY
(HPSDMA) AND DISTRICT DISASTER MANAGEMENT AUTHORITY(s)/DDMAs

1. Full Name (Ms./Mr.):-
2. Date of Birth: -
3. Full Postal Address (for communication): -
4. Email-Id: -
5. Mobile No:-
6. Educational Qualifications:-
7. Percentage Secured:-
8. Additional Qualifications: —
9. Subjects of Specialization/Interest:-
10. Extra Curricular Activities: —
11. Work Experience (if any): —
12. Topics/Subjects Interested in for Internship: -

SELF DECLARATION:-

I certify that the above information furnished by me is true to the best of my knowledge and belief. I have also gone through various clauses on the "Policy for Engagement of Interns at HPSDMA/DDMA(s)" and I agree to abide by all the terms and conditions of this Policy.

Place:

Date:

_____

Signature

Name: