**KERALA STATE BIODIVERSITY BOARD**

**Application form for Internship**

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| --- | --- |
| **Name(s)** |  |
| **Single / Group of students**  **(If in group, please mention the names of all students seeking internship in a list)** |  |
| **Educational Qualification** |  |
| **Address of the institution** |  |
| **Email** |  |
| **Mobile number/Landline** |  |
| **Duration of internship** |  |
| **Area of interest/Topic of the internship** |  |
| **Whether permission letter from the institution head is enclosed** | Yes No |

DECLARATION

I / We hereby declare that the above mentioned details are true to the best of my knowledge and have understood the terms in the guidelines.

Signature of the Head of the Institution / Applicant