

**APPLICATION FORM FOR PAID INTERNSHIP**  
**PROOF & EXPERIMENTAL ESTABLISHMENT (PXE)**  
**CHANDIPUR, BALASORE (ODISHA) - 756025**  
**DEFENCE RESEARCH & DEVELOPMENT ORGANISATION (DRDO)**  
**Advt. No. : PXE/HRD/PAID-INTERN/2026/01**

|     |                                                                 |                                                    |                          |                                                                |
|-----|-----------------------------------------------------------------|----------------------------------------------------|--------------------------|----------------------------------------------------------------|
| 1.  | Name of the applicant<br>(in block letters)                     |                                                    |                          | Latest colour<br>Passport size<br>photograph is to<br>be fixed |
| 2.  | Date of Birth                                                   |                                                    |                          |                                                                |
| 3.  | Contact No.                                                     | Mobile No. :                                       |                          |                                                                |
|     |                                                                 | Alternative No. :                                  |                          |                                                                |
| 4.  | Aadhaar Number                                                  |                                                    |                          |                                                                |
| 5.  | E Mail ID                                                       |                                                    |                          |                                                                |
| 6.  | Language known                                                  |                                                    |                          |                                                                |
| 7.  | Present address                                                 |                                                    |                          |                                                                |
| 8.  | Permanent address                                               |                                                    |                          |                                                                |
| 9.  | Degree (B. Tech.)                                               | Session:                                           | Year:                    |                                                                |
|     |                                                                 | Branch :                                           | Current Semester :       |                                                                |
|     |                                                                 | Roll No. :                                         | Registration No. :       |                                                                |
| 10. | % of mark (CGPA)<br>(self-attested copies<br>to be enclosed)    | 1 <sup>st</sup> Semester                           |                          |                                                                |
|     |                                                                 | 2 <sup>nd</sup> Semester                           |                          |                                                                |
|     |                                                                 | 3 <sup>rd</sup> Semester                           |                          |                                                                |
|     |                                                                 | 4 <sup>th</sup> Semester                           |                          |                                                                |
|     |                                                                 | 5 <sup>th</sup> Semester                           |                          |                                                                |
|     |                                                                 | 6 <sup>th</sup> Semester                           |                          |                                                                |
|     |                                                                 | 7 <sup>th</sup> Semester                           |                          |                                                                |
| 11. | Achievements<br>(Awards, Professional<br>membership(s), if any) |                                                    |                          |                                                                |
| 12. | Name of the College/<br>Institute with address<br>& Contact No. |                                                    |                          |                                                                |
| 13. | List of enclosures<br>(Please Tick (√))                         | Reference letter issued by The Principal/ Director | <input type="checkbox"/> |                                                                |
|     |                                                                 | Copy of mark sheets of all previous semesters      | <input type="checkbox"/> |                                                                |
|     |                                                                 | Copy of Aadhaar Card                               | <input type="checkbox"/> |                                                                |
|     |                                                                 | Copy of College ID Card                            | <input type="checkbox"/> |                                                                |

**Note:** # In case of CGPA, Percentage of marks need to be calculated as % of Marks=CGPA X 9.5 for the cases where percentage of marks or formula for the same is not mentioned in Mark Sheets.

I do hereby declare that the statements made and the information furnished in the application are true, complete, and correct to the best of my knowledge and belief. I understand that if any information provided herein is found false to be false, incorrect, or concealed, either before or after joining, my internship training shall be liable to be terminated/ cancelled.

Date:

Signature of the Candidate

Ref No: \_\_\_\_\_ Date: \_\_\_\_\_

To,

The Director,  
Proof & Experimental Establishment (PXE)  
Defence Research & Development Organization (DRDO)  
Chandipur, Balasore, Odisha- 756025

**Subject: Request for Paid Internship opportunity for a period of six months**

Respected Sir,

We request an internship opportunity for our VII / VIII semester engineering student  
\_\_\_\_\_ in PXE, DRDO Chandipur.

Shri / Ms \_\_\_\_\_ is a bonafide student of this college/  
institute having Enrolment no. / Registration no. \_\_\_\_\_. He/ She  
is a meritorious student and is eager to gain practical exposure in the defence related  
applications through an internship at your esteemed organization. We request an  
internship from \_\_\_\_\_ to \_\_\_\_\_ in PXE, Chandipur (for a period of  
06 months). Below are the details of student, faculty coordinator and the college/  
institution:

**STUDENT DETAILS:**

|                                       |  |
|---------------------------------------|--|
| Name                                  |  |
| Course                                |  |
| PRN/ College ID Number                |  |
| Mobile No.                            |  |
| Permanent      Residential<br>Address |  |
| Email ID                              |  |

**FACULTY COORDINATOR DETAILS:**

|                 |  |
|-----------------|--|
| Name of Faculty |  |
| Designation     |  |
| Department      |  |
| Contact No.     |  |
| Email ID        |  |
| HOD Email ID    |  |

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**COLLEGE/ INSTITUTE DETAILS:**

|                         |  |
|-------------------------|--|
| College/ Institute Name |  |
| AICTE Permanent ID      |  |
| DTE Code                |  |
| Affiliated to           |  |
| Affiliation ID          |  |
| Email Id                |  |
| Contact No              |  |
| Fax No.                 |  |

The college/ institute has no objection if he/ she joins internship at your organization and is physically present in your Establishment for a minimum of 15 working days in a month. The college/ institute will relieve the student to undergo the internship at your Establishment. We also hereby accept to give the indemnity form as and when required by PXE, DRDO Chandipur.

It is also hereby assured that student will complete full tenure of his / her paid training at your Establishment. In case, if the student fails to complete the training for what so ever reason, the amount received by him/ her will be paid back to the Establishment within a week of his/ her reporting back to the college/ institution.

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.