

**Application Form for Paid Internship (SAG/DRDO)**  
(Branch Code: \_\_\_\_\_)

1.	Name of the Applicant	
2.	Date of Birth	<b>Affix Passport size photo  (4.5 x 3.5 cm)</b>
3.	Aadhaar Card Number	
4.	Name of the College/ Institute, Address & Contact Number	
5.	Permanent Residence Address	
6.	Local Address, if any	
7.	Phone No. of Applicant	
8.	Email ID of Applicant	
9.	Degree	UG: <input type="checkbox"/> Semester (7 <sup>th</sup> / 8 <sup>th</sup> ): _____ PG: <input type="checkbox"/> Year 2 <sup>nd</sup> : _____
10	Branch/Discipline	
11.	CGPA (On Scale of 10)	
i)	10 <sup>th</sup> Percentage	
ii)	12 <sup>th</sup> / Diploma Percentage	
iii)	Other Qualifications	
iv)	Extra- Curricular Activities	

**DECLARATION**

I hereby declare that, the above furnished particulars are correct and no information is suppressed. I understand that if any of the above information is found to be incorrect or some information is suppressed then my candidature is liable to be rejected and I may be subjected to any other action as the Government may deem fit.

<b>Place</b>		<b>Signature of the Candidate</b>
<b>Date</b>		

**To be printed on college letter Head and signed by Principal /HOD/TPO of College/ Institution**

Ref. No.: \_\_\_\_\_

Date:

To,

The Director  
Scientific Analysis Group (SAG)  
DRDO, Ministry of Defence  
Civil lines, Metcalf House  
Delhi -110054

**Subject: Request for 06 Months Paid Internship Scheme of DRDO for Final year students of the academic year 2026-27**

Ref: Advertisement No. SAG/HR/4205/Paid \_Internship/2026/01

Respected Sir,

We request an internship opportunity for Shri/Ms..... who is a Bonafide student of this college having enrolment no..... He/She is pursuing his/her..... semester/ year of B.E./B.Tech./M.E./M.Tech/M.Sc. of our institution and is eligible for **06 Months Paid Internship Scheme of DRDO** at SAG, Delhi.

2. 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.

3. We request an internship from 01<sup>st</sup> July 2026 to 31<sup>st</sup> December 2026 (6 months). Below are the details of the student, faculty coordinator and college / institution:

**Student Details:**

Name	
Course/Discipline	
College ID Number	
Mobile No.	
Permanent & Residential Address	
E-mail ID	

**Faculty Coordinator Details:**

Name of Faculty	
Designation	
Department	
Contact No.	
E-mail ID	
HOD E-mail ID	

**College Details:**

College Name	
AICTE Permanent ID	
DTE Code	
Affiliated to	
Affiliation ID	
Email ID	
Contact No.	
Fax No.	

4. The college has no objection if he/she joins internship at your organization and is physically present in the establishment for minimum of 15 working days in a month. The college will relieve the student to undergo the internship at your establishment.
5. It is also hereby assured that student will complete full tenure of his/her paid internship.
6. We believe that this internship will be an excellent opportunity for our student to enhance his/her technical skill. 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 /**

**HOD of College/ Institution**

**With Office Seal.**

## UNDERTAKING

### INDIAN OFFICIAL SECRETS ACT

I, \_\_\_\_\_ S/o / D/o \_\_\_\_\_ resident of (address) \_\_\_\_\_ District \_\_\_\_\_ hereby certify that I have been made acquainted with the provision of the Indian Official Secrets Act, 1923. I understand that in case of breach of official trust, I am liable to the penalties detailed in the mentioned Act.

Station: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

## UNDERTAKING

### IT RULES AND REGULATIONS

I, \_\_\_\_\_ S/o / D/o \_\_\_\_\_ resident of  
(address) \_\_\_\_\_ District  
\_\_\_\_\_ hereby certify that I will follow IT Rules and Regulations applicable for Ministry of  
Defence and its amendments thereof. I understand that in case of breach, I am liable to the penalties detailed in the  
mentioned Rules.

Station: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_