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

APPLICATION FORM – Internship Programme, Himachal Pradesh State Disaster Management Authority (HPSDMA) and District Disaster Management Authority (DDMA)

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1. Personal Details

Sr. No.	Particulars	Details (to be filled by the Applicant)
1	Full Name (Mr./Ms.)	
2	Father's/Mother's Name	
3	Date of Birth	
4	Gender	
5	Full Postal Address (for correspondence)	
6	Permanent Address (if different)	
7	Email ID	
8	Mobile Number	
9	Aadhaar No. (Optional)	
10	Proposed Period of Internship	From: _____ To: _____
11	Duration (Number of Months)	_____ Months

2. Educational Qualifications **(Attach Self-attested Copies of Certificates)**

Sr. No.	Examination Passed	Board/University/Institution	Year of Passing	Percentage	Subjects
1					
2					
3					
4					

3. Professional / Additional Qualifications (if any)

Sr. No.	Course/Training	Institution	Year	Details
1				
2				
3				
4				

4. Areas of Interest

Sr. No.	Particulars	Details
1	Subjects of Specialization	
2	Preferred Topics/Subjects for Internship	
3	Area of Posting Preference (HPSDMA/DDMA – specify district, if any)	

5. Experience & Activities

Sr. No.	Particulars	Details
1	Work Experience (if any)	
2	Research Experience/Projects	
3	Extra-Curricular Activities	
4	Publications (if any)	

Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I have carefully read and understood the provisions of the *Policy for Engagement of Interns at HPSDMA/DDMA(s)* and agree to abide by all the terms and conditions laid down therein. I understand that any false information may lead to cancellation of my candidature.

Place: _____
Date: _____

Signature of Applicant: _____

Name of Applicant: _____

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