



(Particulars to be filled, scanned, and submitted to the ant by email for internship)

**the ant (action northeast trust)**  
**APPLICATION FORM FOR INTERNSHIP**

Name in full (in block letter)

Gender (M/F/Others)

Date of Birth (dd/mm/yy)

Nationality

Duration of Internship (specify dd/mm)

From:

To:

What areas of our work interest you the most:

What are your objectives in undertaking in internship with the ant:

Language Competence: (specify)	<u>Read</u> Easily/Not Easily	<u>Write</u> Easily/Not Easily	<u>Speak</u> Easily/Not Easily	<u>Understand</u> Easily/Not Easily
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please select one area(s) of interest in priority out of the following aspects of the ant's work listed below :

Admin & Accounts, Education, Empowerment of Women & Girls, Community Mental Health, Child & Youth Development, Caring for Rights, Aagor - the Weavers' Organisation, IDeA - Organizing Capacities of the voluntary sector, The Ants Craft Trust,

1	2
3	4
5	6

7	
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How best would you be interested in offering your skills to contribute to **the ant's** work:  
 Training Staff in computers/ English/ Hindi; Documentation; Maths/ Reading English/  
 Playing Games with rural children; Any other.....

1	2
3	4
5	6

Educational & Professional Qualifications beyond 12th:

Name and Address of Institution	Period of study		Degree-diploma / proficiency certificates obtained
	From	To	

Is the internship part of a course requirement? If Yes, please attach formal letter of course requirement from the institution.

Yes/ No. Last date for us to confirm your internship: \_\_\_\_\_

Career Plans:

\_\_\_\_\_

3. Employment: Please describe any previous practical experience you may have had.

\_\_\_\_\_

One reference letter from someone who knows you as a student or in a professional manner. It can be your teacher/current or previous employer.

Name, Full address; Tele & Email for us to contact before confirming:

Your address, telephone number and email address:

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In case of emergency notify

Name

Address/Telephone

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### CONDITIONS GOVERNING the ant INTERNSHIP PROGRAMME

1. Please refer to the Internship policy of the ant (attached herewith)
2. You will be required to self-pay to cover the cost of food, travel, and accommodation arrangement during the internship including staff working hours in the process of arranging a learning environment.
3. the ant accepts **no responsibility** for costs arising from accidents and/or illness incurred during the internship.
4. I undertake the following obligations with respect to the internship programme at the ant:
  - i) to conduct myself at all times in a manner compatible with my responsibilities as an intern in the ant;
  - ii) to keep confidential any and all unpublished information made known to me during the course of my internship and not to publish any reports or papers on the basis of information obtained during the programme, except with the explicit authorization of the ant;
  - iii) to provide written notice in case of illness or other unavoidable circumstances which might prevent me from completing the internship;
  - iv) to submit a complete report at the end of my internship and to submit it to the Internship Coordinator/HR.

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DATE

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NAME OF INTERN

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SIGNATURE

If you agree to the conditions listed above, please sign above and send it to us. The original will be retained by the admin dept. while the copy shall be retained by the Intern.

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#### FOR OFFICE USE ONLY

Date received:

Internship joining date:

Any other remarks:

Date Accepted/ Rejected:

Department/ Project