

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