

U.S. EMBASSY INDIA

FOREIGN NATIONAL STUDENT NONPAID INTERNSHIP APPLICATION FORM

INSTRUCTIONS: Please answer fully and completely, type or print in ink. If more space is needed for an answer, use the space provided on page 3. Please provide a statement of interest along with this application.

1. PERSONAL INFORMATION

LAST NAME

FIRST

MIDDLE

PRESENT ADDRESS

TELEPHONE NUMBER AND E-MAIL ADDRESS

YOUR CURRENT CITIZENSHIP

OTHER OR PREVIOUS CITIZENSHIPS

2. INTERNSHIP AVAILABILITY - DATES PROPOSED FOR THE INTERNSHIP

START DATE (mm/dd/yy):

END DATE (mm/dd/yy):

DESIRED LENGHT IN MONTHS:

3. YOUR CURRENT STUDIES

NAME AND LOCATION OF EDUCATIONAL INSTITUTION

ENROLLED SINCE

MAJOR

4. PREVIOUS EDUCATION (please include high school and above studies)

NAME AND LOCATION OF EDUCATIONAL INSTITUTION

DATES

DEGREE

MAJOR SUBJECTS

FROM

TO

5. ADDITIONAL EDUCATION INFORMATION						
SCHOLARSHIPS OR ACADEMIC DISTINCTIONS			PUBLICATIONS			
6. LANGUAGES (name and indicate the extend of your competence)						
LANGUAGE	SPEAK / UNDERSTAND			READ / WRITE		
	FAIR	GOOD	EXCELLENT	FAIR	GOOD	EXCELLENT
ENGLISH						
HINDI						
OTHER LANGUAGE (Specify language)						
7. COMPUTER SKILLS (list programs that you are familiar with)						
PROGRAM	LITERACY					
	BASIC		INTER-MEDIATE		ADVANCED	
WORD PROCESSING						
SPREADSHEETS						
PRESENTATION/DESKTOP PUBLISH.						
INTERNET/EMAIL COMMUNICATION						
OTHER SOFTWARE, PROGRAMMING, DATABES (underline needed)						
8. EMPLOYMENT (begin with your last or current job, including internships, summer jobs)						
DATES OF EMPLOYMENT (month/year, from-to)			EXACT TITLE OF YOUR POSITION			
NAME AND FULL ADDRESS OF EMPLOYER			DUTIES			
			NAME OF THE IMMEDIATE SUPERVISOR			

DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION	
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES	
	NAME OF THE IMMEDIATE SUPERVISOR	
DATES OF EMPLOYMENT (month/year, from-to)	EXACT TITLE OF YOUR POSITION	
NAME AND FULL ADDRESS OF EMPLOYER	DUTIES	
	NAME OF THE IMMEDIATE SUPERVISOR	
9. INSURANCE		
I HEREBY CONFIRM I HOLD A HEALTH INSURANCE POLICY (YES/NO)		
NAME OF SOCIAL INSURANCE OR COMPANY NAME		
POLICY NUMBER		
10. SPACE FOR DETAILED ANSWERS		
<p>USE THIS SPACE FOR DETAILED ANSWERS. NUMBER YOUR ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION, WHICH WAS NOT COVERED ABOVE AND MAY BE USEFUL TO YOUR APPLICATION. USE ADDITIONAL PAGES IF NECESSARY.</p>		
CERTIFICATION		
I HEREWITH CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
SIGNATURE		DATE