

# 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 LENGTH 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**

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.

**CERTIFICATION**

I HEREWITH CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE