



PSS CENTRAL INSTITUTE OF VOCATIONAL EDUCATION

(a constituent unit of National Council of Educational Research and Training (NCERT) under Ministry of Education, Government of India)

INTERNSHIP REGISTRATION FORM

S. No.

Name (in block Letters)

Father's Name

Date of Birth

Address

.....

Mobile No. Tel.

Email Aadhar No.

Guide Department

Area of Internship

Resident: ☐ Home ☐ Campus

Meal: ☐ Yes ☐ No

Education Qualifications:

S.No.	Examinations	Boards/ University	% of Marks	Subjects	Year of Passing

UNDERTAKING

I declare that the particulars furnished above are true and correct to the best of my knowledge. In case of information given above is found incorrect then I am liable for action as per rule.

Date :

Place :

Signature