

ANNEXURE - A

WEST BENGAL STATE LEGAL SERVICES AUTHORITY

Application Form for Internship Programme

(For office use only)

Internship No. year

Winter / Summer

Proposed Period from I. Card No.....

Photograph
to be affixed

(TO BE FILLED UP BY THE APPLICANT)

1. Name of the Applicant :
(In Capital Letters)
2. Date of Birth :
3. Guardian's Name :
(with Contact Phone No.)
4. Present Address :
(with P.S. and PIN code)
5. Permanent Address :
(with P.S. and PIN code)
6. Contact Phone No. :
7. E-mail ID :

8. Name of the Educational Institution
with full address and e-mail ID
.....
9. Year in which the Intern is pursuing his or her study :
10. Duration of the Internship :
11. Please mention about the Academic Achievements and Extra-curricular
Activities, if any:
.....
.....
12. Please state whether you have interned at the
State Legal Services Authority, West Bengal : Yes ☐ No ☐
13. Please tick the relevant copy of documents submitted:
- | | |
|--------------------------------|--------------------------|
| i. Class X standard Admit Card | <input type="checkbox"/> |
| ii. Class XII Marksheet | <input type="checkbox"/> |
| iii. Graduation Marksheets | <input type="checkbox"/> |
| iv. Aadhar Card | <input type="checkbox"/> |
| v. Voter ID | <input type="checkbox"/> |
| vi. College ID Card | <input type="checkbox"/> |
| vii. Blood Group Report | <input type="checkbox"/> |
| viii. Letter of Recommendation | <input type="checkbox"/> |
14. Emergency contact details

Place :

Date :

(Signature of the Applicant)

ANNEXURE - B
DECLARATION

I, , S/o or D/o or
W/o student of ,
Roll No. , Name of College/Institution/University.....
.....faithfully declare that information furnished herein under
ANNEXURE - A is true and correct.

Place :

(Signature of the Applicant)

Date :

ANNEXURE - C

DECLARATION TO MAINTAIN CONFIDENTIALITY

I, son/daughter of.....
R/O....., am undergoing an internship at the
State Legal Services Authority, West Bengal for the period of to
..... I understand that "Confidential Information" means any information of a
secret or confidential nature relating to the internship workplace, which may include
methods, documents, data, drawings, manual, notebooks, reports, processes, software,
information systems, contracts, proposals and training materials.

I hereby declare that I have read and understood the above definition of "Confidential
Information" and that I will not at any time, both during and after completion of said
internship, communicate or disclose any confidential information to any person,
corporation or entity.

Place :

(Signature of the Applicant)

Date :