



TAMILNADU STATE COUNCIL OF VOCATIONAL TRAINING

AN AUTONOMOUS COUNCIL REGISTERED UNDER GOVT. OF TAMILNADU

DIRECTORATE OF DISTANCE LEARNING (DDL)

Internship Application Form

Enrolment Number (For Office Use Only)

Specimen Signature of the Candidate

Centre Code

Student Name

Father's Name

Sex Male Female Date of Birth :

Address For Correspondence (Do Not Repeat Name)

Pin Code : Phone No :

Email ID:

Employment Status

Name of organization	Designation	Joining date	Date of leaving	Job profile

Signature of the Candidate

Internship Officer
(Company Seal & Signature)