

# DISTRICT COLLECTOR'S INTERNSHIP PROGRAMME

Photo

## PERSONAL DETAILS

Name

Name of Guardian

Date of Birth

Gender

Male

Female

Marital Status

Single

Married

## ADDRESS

House Name

Place

Pin Code

District

Post Office

## CONTACT DETAILS

Mobile Number

Land Phone Number

E-mail ID

## EDUCATIONAL QUALIFICATIONS

*Tick Applicable Qualifications*

Phd

MPhil

PG

Degree

Others

Descriptions

## DECLARATION

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND TRUE AND I WILL, IF ADMITTED, ABIDE BY THE RULES AND REGULATIONS OF THE INSTITUTION.

Complete the paragraph with in 100 words

I would like to join District collector's Internship Programme, as .....

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Place

Date

Signature