



**INTERNSHIP APPLICATION FORM**

**GENERAL INFORMATION**

**Date:** \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of the College / University \_\_\_\_\_

Course currently pursuing/ Semester \_\_\_\_\_ Specialization \_\_\_\_\_

**INTERNSHIP INFORMATION**

Desired duration of internship:  20 days  30 days  40 days

*(Internship terms are flexible, but minimum one month commitment is preferred)*

Please indicate your availability:

January— March  April—June  July —September  October —December

If other, please specify: \_\_\_\_\_ (\* Please attach your CV/ Resume along with this form)

Please provide a write up of the following:

**Why would you like to join CML as an intern? (Within 200 words)**

Signature: \_\_\_\_\_

Name of the intern: \_\_\_\_\_