



ARANYAJ SOCIETY FOR EDUCATIONAL & ENVIRONMENTAL DEVELOPMENT Registered under West Bengal Society Registration act 1961. Regd. No. S/1L/52779. Non-Profit Tax Exempted Organization by order U/S 12AA of the Income Tax Act, 1961 Certified to qualify for deduction on donation made to organization by approval U/S 80G(5)(VI) of the Income Tax Act, 1961 (F No. DITE/8E/72/2012-13/G189/1710-12). Registered under section 11(1) of foreign contribution related act, Ministry of Home Affairs, Government of India, Foreigner Division (FCRA Wing). Office Address: Nandankanon, Dhalipara, Teghoria, P.O- Hatiara. Kolkata -700157. Phone- 8240331565. Visit us: [www.aranyaj.org](http://www.aranyaj.org). E- mail: [hr.aranyaj@gmail.com](mailto:hr.aranyaj@gmail.com)

## Internship Application Form (Charges –Nil, Duration- 6 months)

1. Full Name: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Address for Correspondence / Present Address: \_\_\_\_\_  
\_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ 5. Sex: Male / Female: \_\_\_\_\_
6. E-mail id: \_\_\_\_\_ 7. Phone No. (With Country code): \_\_\_\_\_
8. WhatsApp No.: \_\_\_\_\_
9. Educational Qualification:

Qualification	Subjects		Percentage of marks	Year of Passing
	Principal	Subsidiary		

### Duties, Terms and Conditions

1. You shall abide by Aranyaj Society rules and regulations and not disclose any information collected during your Internship period with the organization.
2. All information shall be maintained confidential and not be published in form of reports or papers unless specifically authorized by Aranyaj Society.
3. Any photographs taken shall not be used for commercial purpose.
4. The Participant shall disclose health conditions before undertaking activities
5. It is free of cost internship program (Hostel facility like Accommodation & food shall be provided by our Organization but transport and any other expenses will not be provided by the Organization)
6. Participant shall work towards assigned tasks and maintain a report of completed tasks.
7. Aranyaj Society shall not be responsible for any direct, indirect, incidental, or consequential liabilities of whatsoever nature under this policy.

Date: ..... Place: ..... Signature .....

**\*Compulsory self-attested attachments: 1. Identity proof 2. Address proof 3. Recent single photograph**