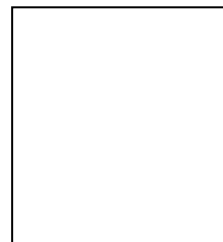




# Viklang Sahara Samiti Delhi

Head Office: - G-Block, Basti Vikas Kendra, Mangol Puri, New Delhi-110083

Email: - vssd1994@gmail.com Ph No :- 011-41227148



## APPLICATION FORM INTERNS

|                                                                                                                                              |              |
|----------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Name                                                                                                                                         |              |
| Date of birth (DD/MM/YY)                                                                                                                     |              |
| Male/Female                                                                                                                                  |              |
| Email ID                                                                                                                                     |              |
| Mobile No.                                                                                                                                   |              |
| Telephone No.                                                                                                                                |              |
| Address                                                                                                                                      |              |
| Name of College/University                                                                                                                   |              |
| Academic Year (Like 1 <sup>st</sup> Year and 2 <sup>nd</sup> Semester etc.                                                                   |              |
| Expected Period of Internship<br><br>(Please give the exact dates)                                                                           | From:<br>To: |
| Academic / Professional Referee<br><br>(the organization may get in touch with the referee before or during the student's internship period) |              |
| Area of Interest<br><br>(Please note that choice of issues to work on will be flexible)                                                      |              |

|                                                                                                    |  |
|----------------------------------------------------------------------------------------------------|--|
| How did you learn about VSSD?                                                                      |  |
| Have you interned with any of our units before? If yes give details                                |  |
| <p><b>Please provide a brief essay (500 words) describing your interest in disability work</b></p> |  |