
For Internship Session: _____ to _____

Name _____ :

- Application Form (*Completely filled and signed*)
- Portfolio (*Design and Working Drawings sheets compulsory*)

SUBMITTING YOUR APPLICATION:

**** All tables in the application form should be completely filled, failing which the application will not be considered.**

Completed application and portfolio should be mailed **directly** to the official e-mail id or postal mail.

Mail Subject should be
"INTERNSHIP APPLICATION - Mr./Ms. YOUR NAME"

For University affiliated students, mention your Semester and College name in the body of the mail along with your session period.

IMPORTANT:

- Applicants can either fill the form by typing or writing or send their CV in the same format as given.
- Applicants should send their application not before **45 days** from the start of their training period.
- The applicant is expected to come and visit the office atleast one week before the start of the training period with an appointment.
- On selection, the applicant has to sign the terms & conditions provided by the office and only then will he/she get the appointment letter.
- On getting the appointment letter, he/she shall provide the office with their "local" guardian's contact information.

GOOD LUCK.

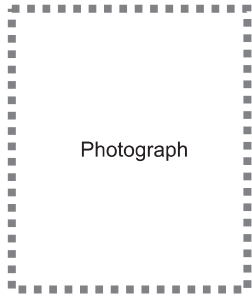
For Internship Session: _____ to _____

Personal Information

First Name _____ Last Name _____

DD	MM	YY
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DOB



Present Phone (M) _____ Single / Married _____ Email Address _____

Address of Correspondence _____

City _____ ZIP Code _____ State _____ *blogs / online links of yours that you would want us to see*

Emergency Contact

In case of emergency, notify:

Name _____ Relationship _____ Address _____
Home Phone _____ Mobile _____ City _____ State _____ ZIP Code _____

Application Category

University-affiliated (internship hours will count toward course credit)

Independent (internship hours will NOT count toward course credit)

If University-affiliated:

College Supervisor/Advisor Name _____ Email Address _____ Phone _____

College Name _____ College / Department Address _____

Academic Information

Please list ALL colleges and universities attended / attending

1.

College/University Name _____ City _____
TO _____
Dates Attended (mm/year) _____ Graduation Date (mm/year) _____ Current Semester / Year _____
(include anticipated as well as official)
Level: Bachelor's Master's _____
Check one of the above Avg. % of Marks _____ Avg. % of Marks in Design _____

2.

College/University Name _____ City _____
TO _____
Dates Attended (mm/year) _____ Graduation Date (mm/year) _____ Major _____
(include anticipated as well as official)
Level: Bachelor's Master's _____
Check one of the above Avg. % of Marks _____ semester studying in _____

3.

School Name _____ City _____

Previous Experience

1.

Institution	Position Title	
Supervisor's Name	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO		
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks
Briefly describe type of work done :		

2.

Institution	Position Title	
Supervisor's Name	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO		
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks
Briefly describe type of work done :		

3.

Institution	Position Title	
Supervisor's Name	Supervisor's Title	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
TO		
Dates (mm/year to mm/year)	Hours/ Week	# of Weeks
Briefly describe type of work done :		

Professional Involvement

Please list the names of any professional organizations you are a member of :

Qualifications

Computer Skills

Certifications and Accreditations

College Activities

Example: Participation in Events/Competitions, Posts held etc.

Awards

Publications

Interests

Queries

Any queries or doubts that you would want us to clear

Local Details *(For out-station students)*

Hyderabad Address

Local Guardian's Name

Relation

Local Guardian's Contact Number

I understand that any person who makes a false statement, representation or certification in the application is guilty of a misdemeanor offense. I swear / affirm that the foregoing information completed by me is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be cause for revocation, suspension, or other disciplinary action set to me by SHREYAS.

Name :

Date :

Signature of Applicant