

National Council of Rural Institutes
Ministry of Human Resource Development
Government of India

Internship

1. National Council of Rural Institutes (NCRI) invites applications from students pursuing post graduate courses (any discipline) for summer internships in the field of higher education on rural concerns. Interns will be inducted for a maximum period of 8 weeks during May-August 2017. The selected intern will be provided with a monthly remuneration of ₹ 10,000/- and a certificate on successful completion of internship.
2. Interested candidates may apply through their respective heads of institutions/ departments specifying the duration of internship and research idea/area of specialization.
3. Filled in applications in the prescribed proforma, with requisite documents forwarded through their heads of institutions addressed to Member Secretary NCRI must reach by 31st March 2017. For application format and other details of internship, please visit NCRI's website.
4. The selection of the interns will be by a committee constituted for this purpose.

Member Secretary

National Council of Rural Institutes,
Ministry of Human Resource Development
Government of India
Shakar Bhavan,
Opposite LB Stadium
Hyderabad-500004
www.ncri.in

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Application form for Internship Programme in NCRI

1. Full Name (Mrs./Ms/Mr.) :
2. Date of Birth :
3. Full Postal Address for communication (including e-mail address) :
4. Telephone No.
5. Educational Qualification:
6. Additional Qualifications:
7. Subjects of Specialization/Interest.:
8. Extra Curricular Activities:
9. Brief description of the subject/topic for the Internship

Declaration

I certify that I have gone through the internship policy of NCRI and the advertisement. The above information furnished by me is true to the best of my knowledge and belief.

Place:
Date:

Signature:
Name:

**Verification/ Authentication of particulars furnished above by the Institution/
College/ University**

This is to certify that the information furnished by Mrs./Ms./Mr. _____
in the application form above are verified from the University/ Institution/ College
records and are correct and complete.

Recommendations, if any.

Date:
(Signature)

Place:

Name:

Designation:

**Full address of the
Sponsoring Organization (Including Tel No./ Fax)**