



NCRI ANNOUNCEMENT FOR ROLLING INTERNSHIP

NCRI is proposing small grant of ₹ 10,000/- per month for 2/3 months to Postgraduates (those who completed post-graduation) who will have to necessarily stay one month in a village and Study the Rural Health, Rural Education, Rural Communication, Rural Governance, Rural Entrepreneurship and any other Government of India flagship programs like Swachha Bharath and Skill Development covering rural concerns. The project is for 2/3 months. Total grant is ₹ 20,000/ ₹ 30,000/-. It will be released on submission of 40 page report along with photographs and a day-wise Rural Engagement Diary for the 2/3 months in the field. The internship study report can be considered for publishing as a monograph by NCRI at NCRI cost. This will be a Rolling Internship and for any 2/3 months.

Eligibility: Those with Post-graduation and interested to work on Rural Concerns. Application must be forwarded through the respective University/IIT/NIT where they have studied @ One intern per University or Institute.

Note: Applications may be sent to aps@ncri.in. For further details contact Dr. D. N. Dash Asst. Director, NCRI Ph: 040-23422112, 09848038112 (SMS for details).

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

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:

Signature:

Date:

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 tele no./ fax)**