

**Internship Application Form**

\* Name: ..... \*

Email: .....

Age: .....

Gender: .....

**\*Qualification (both completed and currently being pursued):**

Sl. No	Qualification details (Academic & Technical)	Board / University	Year of passing	Major Subjects	Div/ Grade
1)					
2)					
3)					
4)					
5)					

**\*Area of Interest: (Tick any two from the list below)**

- Maternal, new born and child health (MNCH)
- Nutrition
- Adolescent health and education
- Orphans and vulnerable children (OVC)
- HIV/AIDS prevention
- Tuberculosis
- Prevention of violence against women
- Non- communicable Diseases
- Community institution building
- HR
- Finance
- Other (please specify): .....

**Number of Days/Months you can intern (required):** .....

**\*Location (required): Tick the appropriate option**

- Karnataka
- New Delhi
- Maharashtra
- Telangana
- Andhra Pradesh

**\*Describe your Area/s of Interest and your career goals (max 250 words)**

**\*Describe briefly the work you would like to take up during your internship at KHPT (max 500 words)**

Kindly add details of financial support available for you during your internship (funds and activities supported):

**Referees (if any):**

All the \* marked columns are mandatory. The form will not be accepted without filling the mandatory columns.

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I have read the internship policy and understood the terms & conditions of the same.

**Date:**

**Signature of Candidate :**

**Place:**

*Please send the completed form and your CV to [internship@khpt.org](mailto:internship@khpt.org)*