



UNIVERSAL SMILE

Internship Request Form

★ marked fields are mandatory and cannot be left blank

A. Personal Details	
Name: (CAPITAL LETTERS) ★	
Date of Birth:	Male / Female (use ✓mark)
Nationality: ★	
Landline Number:	
Mobile Number: ★	
Email: ★	
Communication Address: ★	
Permanent Address:	
Purpose: ★	1. Academic 2. Personal Interest (use ✓mark)
<i>If academic, please mention the institution details below:</i>	
Institute Name: ★	
Institute Address & Email: ★	
Contact Person / Guide: ★	
Contact Person Phone: ★	
Contact Person Email: ★	

B. Internship Details		
Duration: ★	From:	To:
Total Month / Hours:		
Areas of Interest: ★ <i>(use ✓mark)</i>	<ol style="list-style-type: none"> 1. Education 2. Adolescent Health 3. Nutrition 4. Fund-Raising 5. Events and Communication 6. Extra-Curricular Activities 	
Suggested Areas of Engagement: ★ <i>(use ✓mark)</i>	<ol style="list-style-type: none"> 1. Action Research 2. Sample Study 3. Teaching Children 4. Craft Work / Painting 5. Dance / Music 6. Spoken English 7. Basic Computer Literacy Inputs for Children 8. Project Learning Documentation 9. Photo Documentation 10. Resource Material Preparation 11. Resource Mobilization 12. Capacity Building Support 13. Group Play and Story Telling 14. Collect Education Materials / Clothes / Toys for Children 15. Fund Raising 16. Any Other(specify): 	
ID Proof Type:(use ✓mark) ★	Voter ID / PAN Card / Passport / Aadhar Card	
ID Proof Number: ★		
ID Proof Attached: ★ <i>(use ✓mark)</i>	Yes / No	
	1. Photocopy 2. Scanned Copy	
Attach Your Photo: ★	<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> Insert / Paste Your Recent stamp Sized Photo Here </div>	

Note for Interns:

1. Universal Smile Campus and do not allow consumption of tobacco and tobacco by-products within the campus.
2. Universal Smile adheres following policies on Child Protection, Gender, HIV/AIDS, Sexual Harassment at Workplace, Code of Conduct. You will be required to read these policies and abide by the same during the course of your engagement with the institute; Copies of these policies are available during working hours with the Resource Centre / with your Supervisor.
3. Violation of institutional norms & policies may lead to disciplinary actions against the concerned person(s).
4. You will be assigned to report to a Senior Official who would guide you throughout the period of your engagement as Volunteer / Intern.
5. You would be required to sign visitor's book from the respective guide.
6. You would be required to submit a report of your learning and if required a small presentation.
7. Your suggestions to improve on internship assignments will be very much appreciated.

The information cited above is true to the best of my knowledge and I also declare to abide by the terms & conditions mentioned above. There will be no change in the T&C after signing of this form by the applicant.

Signature of Applicant: _____ Date: _____

Please include letter from the institute in case of academic purpose.
Please fill-up the form and hand-over to the authorized person of Universal Smile.

Please contact Mrs. Ankita Roy Chowdhury - Email: admin@universalsmile.org - Tel: +91 – 9836630022 for any clarification