

Atomic Minerals Directorate for Exploration and Research

Application for AMD Internship Programme (AMDIP)

- 1) Name of the student :
2) Roll No. :
3) Aadhar No. :
4) Name of the College/Institution/University :
5) Contact of the student (address) :

(Phone no. & e-mail id)

(Student Signature)

- 6) Head of the Department (Name, e-mail Id & Contact No.)

The student is responsible for his/ her conduct and discipline and safe working abiding the rules and regulations of AMD in general and the work area in particular. I recommend Shri / Ms ----- for the internship /field lab training in -----

Recommended and forwarded
(Signature & seal
Head of the Department)

Title of the Project :
Period/Time schedule of project/Training :
Name of the guide :
Signature of Incharge :

Regional Director/Head

Recommendation of Additional Director

Signature

Approval of Director, AMD

Director, AMD