

Trans Technologies Solution Pvt. Ltd.

Internship Application Form

Name of the Applicant:

Father's Name:

Date of Birth:

Phone No: **Alt. Phone No:**

Email Id(lowercase only):

Affix recent
passport
photograph

Education Qualification (10th Onward):

Name of Exam	Stream/Subject	Board/College/University	Year of Passing	Percentage/CGPA

Certification/Research Work (if any):

Course/ Topic	Certifying Authority	Duration

Academic Projects:

Project Name	Description	Domain	Duration

Area/Domain of Interest :

- I.
- II.
- III.
- IV.

Area / Domain of Expertise :

- I.**
- II.**
- III.**
- IV.**

Address for Correspondence:

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Permanent Address:

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I , hereby declare that all the information provided in the application form is correct with my knowledge.

Date:

Signature of the Applicant

For Office Use Only

Applicant ID	Start Date	Duration	Domain	Project Name

For,
Trans Technologies Solution Pvt. Ltd.

(Authorized Signatory)