

THE ZOOLOGICAL SOCIETY KOLKATA

APPLICATION FORM

NATIONAL INTERNSHIP & RESEARCH FELLOWSHIP AWARD, 2022

APPLIED FOR: NATIONAL INTERNSHIP NATIONAL RESEARCH FELLOWSHIP

NAME: _____

FATHER'S NAME: _____

NATIONALITY: _____

DATE OF BIRTH: _____ MALE/FEMALE: _____

AADHAAR NUMBER: _____

POSTAL ADDRESS: _____

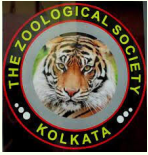
CONTACT NO: _____ E-MAIL ID: _____

ACADEMIC QUALIFICATION:

Name of the Examination	Board/University	Year of Passing	Percentage of Marks	Division
MadhyamiK/ ICSE / CBSE				
Higher Secondary/ ISC/ AISSCE/				
B.Sc.				
M.Sc.				
M.Tech				

WHETHER QUALIFIED NET LS/GATE/EQUIVALENT EXAMINATION:

PLEASE AFFIX
RECENT
PASSPORT SIZE
PHOTOGRAPH
HERE



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PARTICULAR AREA OF INTEREST

(Mention the Lab you would like to join for the Internship programme and Major expectations from this Internship)

1. NAME OF THE MENTOR:

2. DESIGNATION:

3. INSTITUTIONAL ADDRESS:

4. CONTACT NO.

5. E-MAIL ID:

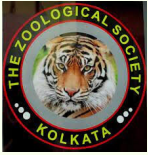
6. TOPIC OF RESEARCH:

7. Detailed project proposal within 1000 words (*Separate Sheets may be attached*)

FUTURE CAREER GOALS (WITHIN 500 WORDS)

I _____ HEREBY DECLARE THAT THE
DETAILS AND INFORMATION GIVEN ABOVE ARE COMPLETE AND TRUE TO THE BEST OF MY
KNOWLEDGE AND I HOLD RESPONSIBILITY FOR THE CORRECTNESS OF THE ABOVE
MENTIONED PARTICULARS.

SIGNATURE OF APPLICANT



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NATIONAL INTERNSHIP & RESEARCH FELLOWSHIP AWARD, 2022

ATTESTATION

MR./MS. _____

(NAME OF THE CANDIDATE)

I RECOMMEND THE CANDIDATE FOR THE AWARD OF ZSK DIAMOND JUBILEE INTERNSHIP AND
UNDERTAKE TO GUIDE HIM/HER ON:

(PLEASE INDICATE RESEARCH TOPIC)

FOR THE DURATION OF INTERNSHIP/RESEARCH FELLOWSHIP IN CASE HE/SHE IS AWARDED
THE BY THE ZOOLOGICAL SOCIETY KOLKATA. NECESSARY FACILITIES FOR RESEARCH ON THE
PROBLEM ARE AVAILABLE IN THE INSTITUTION. I ALSO CERTIFY THAT I AM AUTHORIZED TO
GUIDE RESEARCH FELLOWS UNDER THE UNIVERSITY RULES. THE FELLOW IS NOT IN RECEIPT
OF ANY EMOLUMENT/FELLOWSHIP/SALARY FROM ANY SOURCE. I HAVE PERSONALLY
VERIFIED THE CONCERN DEGREE, MARKS SHEETS AND OTHER RELEVANT TESTIMONIALS,
WHICH HAVE BEEN ENCLOSED HERewith BY THE CANDIDATES WITH REFERENCE TO THEIR
ORIGINAL.

SIGNATURE _____

NAME AND DESIGNATION OF MENTOR _____

WITH NAME OF THE UNIV./INSTT. _____

DATE _____

ATTACH REQUIRED DOCUMENTATION ALONG WITH FORM
To be sent to zskinternship2021@gmail.com