

Advt. published in The Employment News

(28 January – 03 February 2017)

## Application Form is Placed Below

**nidm** NATIONAL INSTITUTE OF DISASTER MANAGEMENT  
Towards a disaster free India..... (Ministry of Home Affairs, Govt. of India)

### INTERNSHIP

1. National Institute of Disaster Management (NIDM) invites applications from students pursuing under graduate or post graduate courses (any discipline) for winter/summer internships in the field of disaster management. Interns will be inducted for a maximum period of 8 weeks during May-August 2017. The selected intern will be provided with a monthly remuneration of Rs. 10000/- and a certificate on successful completion of internship.
2. Interested candidates may apply through their respective heads of institutions/ departments specifying the duration of internship and research idea/area of specialization.
3. Filled in applications in the prescribed proforma, with requisite documents addressed to **Executive Director** must reach **National Institute of Disaster Management, IIPA Campus, Mahatma Gandhi Marg, New Delhi-110002** by 31st March 2017. For application format and other details of internship, please visit NIDM's website [www.nidm.gov.in/internship.asp](http://www.nidm.gov.in/internship.asp)

**National Institute of Disaster Management**

**Ministry of Home Affairs  
(Government of India)**

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**APPLICATION FORM FOR INTERNSHIP PROGRAMME IN NIDM**

1. Full Name (Mrs./Ms/Mr.) :
2. Date of Birth :
3. Full Postal Address for communication (including e-mail address) :
4. Telephone No.
5. Educational Qualification:
6. Additional Qualifications :
7. Subjects of Specialization/Interest.:
8. Extra Curricular Activities:
9. Brief description of the subject/topic for the Internship

**Declaration**

I certify that I have gone through the internship policy of NIDM and the advertisement. The above information furnished by me is true to the best of my knowledge and belief.

Place:

Signature:

Date:

Name:

**Verification/ Authentication of particulars furnished above by the Institution/ College/University**

This is to certify that the information furnished by Mrs./Ms./Mr. \_\_\_\_\_ in the application form above are verified from the University/ Institution/ College records and are correct and complete.

Recommendations, if any. \_\_\_\_\_

**Date:**

**(Signature)**

**Place:**

**Name:**

**Designation:**

**Full address of the  
Sponsoring Organization  
(including tele no./ fax)**

**Office Seal**