



KOSHISH

AN INITIATIVE ON HOMELESSNESS AND DESTITUTION

A FIELD ACTION PROJECT OF THE TATA INSTITUTE OF SOCIAL SCIENCES

INTERNSHIP APPLICATION FORM

APPLICANT INFORMATION

Full Name: _____ Sex: Female / Male

Correspondence Address: _____

City: _____ District: _____ State: _____

Phone: _____ Email: _____

College / University: _____

Degree Awarded / Working Towards: _____

Major / Concentration: _____

INTERNSHIP INFORMATION

Internship terms are flexible, but a 1 month minimum commitment is preferred. Please indicate your availability. From: _____ (dd/mm/yyyy) To: _____ (dd/mm/yyyy)

Will you seek academic credit for this internship: YES / NO

Will you be available: Full-time: 40 hours/week / Part-time: 25 hours/week

Please indicate if you have any professional experience or skills in areas relevant to Koshish's work:

Please list your area of interest for work: _____

Have you worked with Koshish before? YES / NO If Yes, when, _____

EDUCATION

Name of College/ University	Degree Awarded / Pursuing	From (mm/yyyy) - To (mm/yyyy)	Stream/ Specialisation
Higher Secondary School			
Under- Graduation			
Post- Graduation			

Please mention other qualifications, if any:

DISCLAIMER

I understand that, should I be accepted as an intern in Koshish, I will abide by the rules of the organization.

As an intern, I will respect the confidentiality of the information that I collect or I am exposed to at Koshish. No reports or papers may be published based on information obtained from Koshish without the written authorization of the Project Director.

I also agree to complete the tasks assigned to me and submit the requisite deliverables at the end of my internship term to Koshish. I also agree to provide feedback about the internship program at Koshish.

I understand that all arrangements related to the internship, including but not limited to travel costs are my responsibility and Koshish shall not be involved in making such arrangements.

I certify that my answers are true and complete to the best of my knowledge.

If the application leads to acceptance into the internship program,

I understand that false and misleading information, may result in my release.

Signature: _____

Date: _____

In order to be considered for an internship, submit the completed application with CV to - koshish@tiss.edu