

**SD-SEED** **BENEFICIARY INTERSHIP APPLICATION FORM** 1.0044  
Rev: R1  
Date: 22.08.2024  
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1) Name of Beneficiary \_\_\_\_\_ Beneficiary Code \_\_\_\_\_

2) Stream \_\_\_\_\_ Course \_\_\_\_\_ Year \_\_\_\_\_

3) In which Taluka of Jalgaon District would you like to do your Internship? \_\_\_\_\_

4) Areas of Interest for Internship: (Please tick the applicable answers.)

a) Manufacturing  b) Finance  c) HR   
d) Logistics  e) Supply Chain  f) IT

g) Any other Departments (Please specify): \_\_\_\_\_

5) In which companies would you like to pursue your Internship

Option 1: \_\_\_\_\_ Option 2: \_\_\_\_\_  
Option 3: \_\_\_\_\_ Option 4: \_\_\_\_\_

6) Expected Period of Internship: From \_\_\_\_\_ (date) To \_\_\_\_\_ (date)

7) Are you willing to do the Internship solely for experience? Yes  No

8) Do you expect a Stipend for the Internship? Yes  No

9) On which days / dates can you attend an interview? \_\_\_\_\_

Date: \_\_\_\_\_ Sign of Beneficiary: \_\_\_\_\_

Note: above Form should be send as Google Form to Beneficiaries.

**SD-SEED Associate Use**

1) Name of Beneficiary \_\_\_\_\_ B. Code \_\_\_\_\_

2) Interview schedule: (Please specify Name of Company & Date)

No.	Name of Company	Date

3) Selected for Internship at \_\_\_\_\_

4) Internship Period: \_\_\_\_\_ (Start date) to \_\_\_\_\_ (end date)

5) Date of signing Beneficiary Undertaking for Internship at SD-SEED Office: \_\_\_\_\_

6) Internship Stipend Amount: Rs \_\_\_\_\_ Per month

7) Submission of Monthly Progress Report and Internship Completion Certificate: \_\_\_\_\_ (Date)

Sign of Associate \_\_\_\_\_ Date \_\_\_\_\_