



# BENEFICIARY INTERSHIP APPLICATION FORM

I-104A  
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

- 2) Selected for Internship at : \_\_\_\_\_
- 3) 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 : \_\_\_\_\_