

Internship Application Form (Committee for Legal Aid to Poor)

Paste your
Photograph (Passport
size)

Broad heads of Information	Detailed Information Required	Information to be provided by the Applicant
Personal details	Name	
	Date of birth: (dd/mm/yyyy)	
	Place of Birth: Street/Village/Town/District/State /Country name)	
	Current Nationality	
Mailing Address		
Preferred Internship Assignment	To facilitate placement, please indicate in order of priority (maximum 3 areas) the preferred areas of activity within CLAP for which you wish to be considered for internship based on your educational background and interests	
Name of College / University		
Dates proposed for the Internship	From: (month/year)	
	To: (month/year)	

Education	Give the exact name of the institution and title of degree in the original language. Do not include primary/secondary school if you have a university degree or equivalent.	Year	Institution	Degree Obtained	Main Subjects

Language Proficiency	For language proficiency, please put tick mark at appropriate boxes.	Language	Understand	Read	Speak	Write

Computer Skill	Please explain your proficiency in your computer skills, if any.	
Academic achievements	Please indicate any academic published works and other recognized achievements and/or any previous practical experience you may have, giving details of your duties.	

Medical Self Declaration	Do you have any physical disability or condition which may need taking into consideration in the workplace?	
Reference	Optional : List persons (Name, Occupation, Designation, Contact Details) not related to you, who are familiar with your character and qualifications	
Any other		
<p>I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.</p> <p>Signature:</p> <p>Date:</p>		