

WASMO Internship Programme

Application Form

(Please go through the programme details first)

Quick reference: (To be filled in by the applicant)

Period of Internship: From _____ to _____ Total months _____

Preferred subject: _____

Main Degree/Diploma: _____

Recommending institute: _____

Applicant's
recent photograph

Applicant's information: (To be filled in by the applicant)

Full name: _____

Age: _____ Sex: _____ Marital status: _____ Nationality: _____

Address for correspondence: _____

E-mail: _____ Tel: _____ Fax: _____

Languages known: _____

Computer literacy: _____

Educational/ professional qualification:

Degree/ Diploma	Institute	Subject	Year of passing	Grade

Work experience: _____

Current study: _____

Area of specialisation: _____

Future plan: _____

Any other useful information: _____

Date: _____ Place: _____ Signature of the applicant: _____

Recommending institute's information: (To be filled in by the institute)

Name: _____

Address for correspondence: _____

E-mail: _____ Tel: _____ Fax: _____

Applicants's Guide: _____

Institute's recommendation: _____

Date: _____ Place: _____ Stamp and signature
of the authorised signatory: _____



Water and Sanitation Management Organisation

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