**Appendix-C PROFORMA OF APPLICATION FOR BIS LABORATORY INTERNSHIP SCHEME**

1. **Nameofthe Institution:**
2. **Addressofthe Institution:**
3. **Contactdetailsoftheinstitution**
	1. ContactPerson’sName:
	2. Designation
	3. Email ID
	4. Phone No.
4. **Nameofthestudent:**
5. **Contactdetailsofthestudent:**
	1. Address:
	2. Email:
	3. Mobile No.:
6. **Date of Birth :** (dd/mm/yyyy)
7. **Nationality:**
8. **EducationalQualification**(10thclassonwards):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name of Institute/Board / University | Examination Passed | Yearof Passing | Marks Obtained(Percentage/ CGPA) | Subjects |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **CourseCompleted/presently being pursued:** *(attach certificate from institution as per Annexure II)*
2. **Marks(%)orCGPAOverall/of last semester**
3. **PeriodsuitableforInternship**

*(IndicateMonth&Year)*

1. **Areaof interest**

*(Indicate2optionsoutofthelistat Appendix A)*

**DECLARATION**

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature / engagement shall be liable to cancellation/ termination without notice or any compensation in lieu thereof. I agree to the terms and conditions of Internship at **Annexure I**.

**SignatureoftheStudent**

**Place: Date:**

**AnnexureI**

**Terms&Conditionsof Internship**

1. The Intern, under no circumstances shall claimto becometheemployee of BIS.Nothing inthis Scheme shall create, or be deemed to create, a partnership or the relationship of employer and employee between BIS & the Intern.
2. The Interns shall be duty-bound to follow the methodology and instructions given by the BIS and adhere to the time-frame for various aspects of their work.
3. TheInternsshallberequiredtosubmittheReportforthedurationascompleted,totheconcerned BIS authority failing which s/he would not be issued the Certificate of Internship.
4. Interns shall not divulge or disclose to any person, any details of BIS office(s), security arrangements, administrative/operational process, any technical know-how, and other organizational matters.
5. Internsshallmaintainconfidentialityofdataandshallnotdivulgeordisclosetoanyperson,any detailsoftheManufacturerorotherorganizationscollected/obtainedaspartoftheirinternship.
6. Interns shall be liable for costs accrued on account of any loss that might be caused to BIS due to lapse on his/her part while discharging in willful or accidental manner including fraud, etc.
7. Any violation of instructions or suppression of facts or disclosure of BIS matters, records, documents, Indian Standards, Special Publications etc. in hard or soft form to an outsider shall lead to termination of Internship without any reference.
8. The BIS shall be within its right to terminate the Internship forthwith or take any other action without assigning any reason whatsoever.
9. AnyorallthetermsandconditionscanbechangedwiththeapprovalofDG,BIS.

**AnnexureII**

**CertificatefromUniversity/Institution**

It is to certify that Shri/Smt./Ms. Son/Daughter ofShri/Smt. is a bonafide student of our Institution/Universitypursuing (Name of degree/diploma course) and he/she is presently in year/semester.

OR

It is to certify that Shri/Smt./Ms. Son/Daughter ofShri/Smt. was enrolled in our Institution/Universityandhascompleted (Name of degree/diploma course).

Wecertifythathis/hercandidatureforInternshipatBureauofIndianStandards,submittedintheprescribed proforma along withtheacceptanceof Terms& Conditions is duly endorsed by our University/Institution and we have no objection to his candidature being considered. It is alsocertifiedthat as per ourrecordthe information given by him/her is true and he/she bears good moral conduct.

**Date:**

**(SignatureofHeadofInstitution/RegistrarofUniversity withName,ContactNo.andOfficial Seal)**