



HO: PS SRIJAN CORPORATE PARK
TOWER I || 13th FLOOR || UNIT 1308
KOLKATA 700091
Ph: 033 40622060 Email: hr@cquel.com

Internship Application Form

Application Date:		Insert Passport size photo			
1) Name of the Applicant					
2) Duration	Start Date: _____ End Date: _____				
3) Name & Address of the Institution/ University					
4) Department					
5) Degree Pursuing					
6) Mother's Name					
7) Father's Name					
8) Address Details	Address for Correspondence		Permanent Address		
9) Contact Details	•Mobile No.:		Contact no. of parent with STD code:		
10) Educational Qualification (Starting from 10th onwards and upto last degree obtained)					
Examination Passed	Board/University	Year	Subjects/ Discipline/ Specialization	Division/ Class	%Marks / CGPA / Equivalent
10 th					
10+2					
College/ University					
11) Publication in referred Journals (if any):					
12) List of Attachments: 1. Resume 2. Certificates 3. Student Identity Card 4. Aadhar/PAN					
13) Health Declaration :					
Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies?					
Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?					
<i>N.B.: Any medical expenses during the internship period will be borne by the candidate himself/herself. C-Quel will not be responsible towards any medical expenses.</i>					

I.....(name of applicant) do hereby declare that the details provided above by me are true and genuine.

Place: _____

Date: _____

Signature of the Applicant

Sign and Submit Application

SUBMIT to HR with Attachments hr@cquel.com