



7. Personal Information:

a. Name: \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_

c. Father's Name: \_\_\_\_\_

d. Present address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

e. Permanent address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

f. Mobile number: +91 \_\_\_\_\_

g. Bank Details:

a) Name of the Bank:

b) Name of the Account Holder:

c) Bank Account Number:

d) Branch:

e) Branch Code:

8. Statement of understanding of the conditions of the Internship

I understand that, should I be accepted as an intern in BSDMA, the following conditions will apply:

a) Financial Support: I shall be paid stipend by BSDMA and must make my own arrangements for living expenses. Travel costs to and from the duty station and living accommodation are also my own responsibility or those of the sponsoring institution.

b) Medical Health and Life Coverage: BSDMA accepts no responsibility for costs or fatality arising from illness or accidents incurred during the internship.

c) Confidentiality and Publication of Information: As an intern, I will respect the confidentiality of information that I collect or am exposed to at BSDMA. No reports or papers may be published based on information obtained from BSDMA without the explicit written authorization of the Office.

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_