

West Bengal Electronics Industry Development Corporation Limited

Webel Bhavan, Block – EP & GP, Sector V, Bidhannagar, Salt Lake, Kolkata – 700 091 Phone: 91-33-2339-2228/226/327/316 ● Fax: 91-33-2357-1739/1708 ●

INTERNSHIP APPLICATION REQUEST LETTER [SAMPLE] [SUBMITTED THROUGH EMAIL ONLY]

To, The Director,

Centre of Excellence on Data Science and Machine Learning

Kolkata,

Sub: Application for Internship

Sir/Madam,

I, Mr./Mrs._____ Registration No._____ is a student of < Name and address of the college/University dept.> affiliated to < Name of the University> and is currently studying in the <semester no> of <year> in the <Name of the department > of this college/department.

I am writing to express my interest in applying for an internship position at the Centre of Excellence on Data Science and Machine Learning, as advertised on the website for a duration of ______ months/year. I am eager to gain practical experience on Data Science and Machine Learning.

Enclosed with this letter is my resume as per format, which provides additional details about my education, skills, and experiences.

Thanking You

Yours Sincerely

Signature of the Student



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BIO DATA [SAMPLE PROFORMA] [SUBMITTED THROUGH EMAIL ONLY]

| Α | Personal Details | | | | | | | | |
|----|-------------------------------------------------------------|--------------------------------------|--|------|----------|-------|----|-------|-------|
| | Name (In CAPS) | | | | | | | | |
| | Name and Address of the College/ Institute/University | | | | | | | | |
| | Affiliating University Name | | | | | | | | |
| | University Registration No. | | | | | | | | |
| | Currently enrolled in (Course Name with stream | | | | | | | | |
| | Current Semester | | | | | | | | |
| | Internship duration applied for | 3 Months/6 Months (Tick appropriate) | | | | | | | |
| | Email ID | @ | | | | | | | |
| | Mobile No. | | | | | | | | |
| | Address for communication | | | | | | | | |
| | Date of Birth (DD/MM/YYYY) | | | | | | | | |
| В | Academic Details | | | | | | | | |
| SN | Name of Examination | tion School/College/university | | Subj | Subjects | | of | Perce | ntage |
| | | | | | | Passi | ng | of M | arks |
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(Please attach the University Registration Certificate, Class X, Mark sheet/ Certificates, Class XII Mark sheet/ Certificates, Any valid age proof)

(Attach extra sheet if necessary)