



Reg No:12/2005

FACE

Folklore Arts
And Culture
Enlightenment



FOLKLORE ARTS AND CULTURAL ENLIGHTENMENT

FOLKLORE ARTS AND CULTURAL ENLIGHTENMENT CHARITABLE TRUST

REG: NO: 12/2005 AGALI PO, ATTAPPADY

Tel- No: +91 9446975836 , E-Mail faceagali@gmail.com

www.faceisraindia.org

INTERNSHIP APPLICATION FORM

Name: _____ D.O.B _____ (mm/dd/yy)

Local Address: _____

Permanent Address: _____

Phone: _____
(_____) _____

Email Address : _____

(IN CASE OF EMERGENCY CONTACT)

Name _____

Relationship _____

Phone: _____

Home: _____

I am applying for the _____

What year are you in? _____

What is your Authority? _____

Email _____

Address: _____

Duration of Internship : _____

Student Signature _____ Date _____

Completed by FACE Authority The

Information above is verified and accurate to the best of my knowledge.

Authority Name: _____

Signature _____ Date _____

DECLARATION

I, _____, hereby
declare that I will be undertaking an internship at **FACE** (FOLKLORE ARTS AND CULTURAL
ENLIGHTENMENT CHARITABLE TRUST) from DD _____ MM _____ YY _____ to
DD _____ MM _____ YY _____ This internship will be conducted as a requirement for

During this internship, I will be engaging in activities related

I understand that this internship is an opportunity for me to gain practical experience in my
field of study and to contribute positively to the goals of **FACE** (FOLKLORE ARTS AND CULTUR-
AL ENLIGHTENMENT CHARITABLE TRUST)

I agree to abide by the rules and regulations of **FACE** (FOLKLORE ARTS AND CULTURAL
ENLIGHTENMENT CHARITABLE TRUST) during my internship period and to maintain confidenci-
ality regarding any proprietary information that I may have access to.

I acknowledge that this internship is an important part of my professional development and
will endeavor to fulfill my responsibilities to the best of my abilities.

Signature _____

Name: _____

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