

ALL INDIA COUNCIL OF HUMAN RIGHTS, LIBERTIES & SOCIAL JUSTICE

Internship Programme Application Form

IMPORTANT: INCOMPLETE FORMS WILL NOT BE CONSIDERED

PART I - TO BE FILLED OUT BY THE APPLICANT

1.	First Name
2.	Middle Name
3.	Last Name
4.	Sex
5.	Civil Status
6.	Date Of Birth (DD/MM/YY)
	Place Of Birth
8.	Nationality
9.	Permanent Address
10.	Current Address
11.	Residence Telephone No:
12.	Mobile No
13.	Email Id - Capital Letter
	Person to be warned in case of emergency:
15.	Name
16.	Address:
17.	Residence Telephone No:
18.	Mobile No
19.	Email Id - Capital Letter
20.	Obtained University degree and year:
	Proposed dates for internship: From to
22.	Knowledge of languages: What is your mother tongue?
23.	Do you read easily/with difficulty English - Yes/No / Hindi - Yes/No
	Do you write easily/with difficulty English - Yes/No / Hindi - Yes/No
25.	Do you speak easily/with difficulty English - Yes/No / Hindi - Yes/No
26.	Do you understand easily/with difficulty English - Yes/No / Hindi - Yes/No
27.	Other languages (please specify)
28.	Advanced studies (University or equivalent):



29. Academic institut Years	ion Certificate/ Degree(s) obtained	University/College Name
Start with 10th	C ,,	University/College Name
. 2020	ii Onwards	
. 2020		
. 2020		
. 2020		
. 1919		
. 1919		
. 1919		
30. Degree expected:	(Area of Study and name, city country of the insti-	tution)
M F 1		
	scribe briefly your responsibilities if you have had	professional experience (use
additional pages,	if necessary, See Part V).	
32 Carper Plane		
52. Career 1 lans		
		
		
33 List of any signifi	cant work you have published:	
55. Elst of any signiff	cant work you have paonsned.	
		
Have you previou	isly submitted an application for internship or emp	lovment with the AICHLS
riave you previou	of emp	
34. Have vou ever be	en arrested, indicted or summoned into court as a	defendant in a criminal
_	nvicted, fined or imprisoned for the violation of an	
violation)? YES		-J (ee.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a
,	particulars of each case in attached statement.	
11 100, 5110 1011	particulars of each case in attached statement.	



35. What is your preferred field of work?	

1_	
2	
3	

36. References: List three persons, not related to you, who are familiar with your character and qualifications:

Full Name Full Address Business or occupation

- 1.
- 2.
- 3.
- 21. I certify that the statements made by me in answer to the foregoing questions are true, completeand correct to the best of my knowledge and belief.



37.	. Field of Interests – Just Tick				
		Bioethics			
		Transnational Corporations and other business enterprises			
		Child pornography			
		HR and fundamental freedoms of indigenous peoples			
		Child prostitution			
		Independence of Judges and Lawyers			
		Violence against Children			
		Right of peoples to self-determination			
		Sale of Children			
		Trafficking in Persons			
		Committee on the Rights of the Child			
		Internally displaced persons			
		Violence against Women			
		Migration and HR of Migrants			
		Elimination of discrimination against Women			
		Minorities			
		Economic, Social and Cultural Rights			
		HR Education and Training			
		Environment			
		Finance & Budget			
		Extrajudicial, summary of arbitrary executions			
		Human Resources			
		Freedom of Religion & Belief			
		HR Defenders			
		HR and international solidarity			
		Globalization – Trade and investment			
		Communications and Public Information			
		Human rights of persons with disabilities			
		Contemporary forms of slavery			
		Involuntary Disappearances			
		Torture			
		Promotion and Protection of the Right to Freedom of Opinion & Expression			
		Information Management & Technology			
		Right to an adequate Standard of living			
		Democracy			
		Right to Development Economic reform policies and foreign Governance & Debt			
		Racism			
		Right to Education			
		Protection and promotion of HR through action to combat impunity			
		Right to food			
		Right to the highest attainable standard of physical or mental health			
		Poverty			
		Civil and Political Rights HRC			
		Working Group on Arbitrary Detention			
		HIV/AIDS & Human Rights			
		HR & Counter terrorism			
		Civil Society			
		Others – Please specify:			
		SIGNATURE DATE			



38.

39.

40.

TO BE FILLED BY THE UNIVERSITY / SCHOOL – perfoma to be written on Letter Head

PROOF OF ENROLMENT

This is to certify that,
This is to certify that
Born on (Day/Month/Year)/ is currently enrolled as a student in (degree type &
Name) at the University /
Name) at the University / School (Name of institution)
The student will return to resume his/her studies at the above mentioned university after the internship. His/her expected graduation date is (Date/Month/Year)/
(To Be Filled Out By University / School)
Hereby, I (Last name, First name),
Hereby, I (Last name, First name), (Designation)
information.
Address of University:
Contact Phone Number:
Contact Email:
Email of the student:
Signature/Stamp Date (Day/Month/Year)
TO BE FILLED BY THE APPLICANT – Letter of motivation (use additional pages, if necessary).
Describe briefly your motivation to apply for an internship
TO BE FILLED BY THE APPLICANT – Curriculum Vitae/Resume (use additional pages, if necessary).
TO BE FILLED BY THE APPLICANT – Abstracts of Academic papers you have written (3 to 12 pages maximum)