

Atal Bihari Vajpayee Institute of Good Governance & Policy Analysis (An Autonomous Institute of Government of Madhya Pradesh)

Application form for Internship Programme

for Students and Recent Pass Outs (IPS)

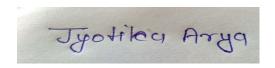
1	Name		JY	JYOTIKA ARYA						
2	Institution (Studyin	titution (Studying/has studied in)			BANARAS HINDU UNIVERSITY					
3	Details of course of			MA IN EXTENSION AND						
	duration	•	COMMUNICATION							
			DE	VELO	PMENT					
4	Internship duration sought (in months)			MONTE	IS,					
5	Proposed earliest date of joining			01/10/2021 TO 01/01/2022						
6	Address for correspondence		VII	VILL- KORAIYA SAMANPUR						
			—			CHAMPARA	N			
			_	ATE- B						
			—		E - 84530					
			—			99509801				
<u> </u>					-Jyotikaaryan2015@gmail.com					
7	Date of Birth (DD/I			02.1999				1		
8	Area of interest/ lea		1	1 NRM & Decentralised						
	will be at one of the		<u> </u>	Gover						
	institute. Maximum	3 choices be		2 Social sector 3						
	indicated)		3 Economic Development 2				2			
			4 Knowledge Management & e-Governance							
						1				
			5				1			
	E1 (10 1:0	(64.4:	6	<u>C1</u>	104	1)				
9	Educational Qualifi							M : C 1: 4		
	Name of Board/University/	Name of Institute		xam ssed	Year	Percentage/ CGPA	ľ	Main Subjects		
9.1	12th HSC	M.R.D.S.B.D .J.P.S.S.SCH OOL, GHORASAH AN	YES		2016	60%	Bio Phy	logy, Chemistry, sics		
9.2	B. COM	BANARAS HINDU UNIVERSIT Y	YES		2019	70%	Hom e scien ce			
9.3	Banaras Hindu University		PURSUIN G(SECOND YEAR		2021		Exte	ension And nmunication relopment		
9.4	1									

9.5								
10	Work Experience details, if any			-!				
	Name of Employer							
10.1		5						
		MONTHS	FIELI	O INTERN ND				
				CAMPUS AMBASSADOR				
10.2								
10.3								
10.4								
11	Is the internship request related to the present course of study? If so, please specify (for candidates who are presently pursuing studies)			This internship opportunity has a direct link with our ongoing courses as we are exploring different aspects of rural development which include health and hygiene, women safety, environmental issues. So, I can assure about a good performance and research work from my end due to existing similarities between this internship and present course of study.				
12	Names of two References with design	gnation &	S.N.	Particulars	Details			
	communication details, including number and email address.	g mobile	1	Name:	PROF. LALITA VATTA			
	(for an applicant who have passed of	_	2	Designation:	Professor, BHU			
	2017 and 2018, one of the references has to be from a faculty of his/her immediate past institute of learning)			Address for	VARANASI			
				corresponde nce:				
			4	E-mail:	lalitavatta@bhu.ac.in			
				Mobile Number:	9414479231			
				Particulars	Details			
				Name:	PROF. ANSHU SHUKALA			
				Designation:	PROFESSOR BHU,VARANASI			
				Address for corresponde nce:	VARANASI			
				E-mail:	dranshushukla@vkm. org.in			
			5	Mobile Number:	9792867222			
13	If selected as an intern, please mer expectations from the Internship opportunity AIGGPA	•			Firstly, it would be a great opportunity for me to get a chance to associate with AIGGPA as it will provide a vast opportunity to us to understand about the entire functioning structure of the state government			

			machinery and also will provide insights about public policy analysis and social welfare programme implementation. So, expectations will be to learn and imbibe those policy analysis and research design skills through which the state governance model has been functioning. Besides, it will pave a lot of career opportunities for me in future endeavours.
14	Are you willing to undertake field studies covering remote areas of the state of Madhya Pradesh	Yes	YES

Undertaking/ Declaration by the Applicant

I have read the guidelines/terms and conditions of the internship programme and I agree to abide and follow them.



(Signature of the applicant)

For candidates pursuing studies at an educational institution/university

The applicant is j	pursuing hi	s Post-Graduate	e Programme	from	our	ınstıtute	since	
(Date) and would	be completi	ng the same by	(Date)					
The application is	forwarded.							

Place:
Date:

Signature name and seal

The applicant has successfully completed his deg	1 0 1 0
in and has been found eligible for the aw	ard of
The application is forwarded.	
Place:	
Date:	
	Signature name and seal** of the
	Director/Placement Coordinator/ Faculty
	writing a reference

(* For the pass out candidate a separate write up can be enclosed and attached) (** Printed letterhead can also be used)