

Paste your photo here and sign across it

Name of Applicant

Date of Birth DD/MM/YYYY Gender Male Female Transgender

Local Address

Contact Details mobile personal mobile number family Email id

EMERGENCY CONTACT DETAILS

1. Name mobile number emergency Relationship

2. Name mobile number emergency Relationship

REFERRED BY

Institution Name Contact person name contact person mobile number

CATEGORY SECTION FOR INTERSHIP

- Cabling (All Type)
- Fiber Optic (Fttx)
- Tower (Installation & Operation)
- Tele Calling (Sales, Marketing, Payment)
- Field Executive (Sales)
- Field Executive (Billing & Payment)
- Field Support Executive (Technical)
- Networking Equipments (Installation & Maintenance)
- Fiber Cable laying (Outdoor & indoor)
- CCTV & Surveillance (Installation & Maintenance)
- Customer Care Executive (Working Process)
- Customer Relationship (Work & operation)
- Front Office & Reception (Work & Operation)
- Network Installation (Wired & Wireless)
- Field Executive (Technical Installation, Maintenance & Operation)

PLEASE RESPOND TO THE QUESTIONS BELOW;

Why do you want to intern at Pc Care Airway Infratel Pvt.Ltd.?

What are your Strengths / skills ?

Applicant Declaration

I declare that all above mention information are true and correct as per my best of knowledge & belief.

Applicant Signature & Date

Office Purpose

Your application is approved for internship program to take training (As per selected area for _____ days subject to all the term & condition mention in internship training agreement)

Signature
(Program Manager)

Signature
(HR Executive)

Signature
(Admin)

INTERNSHIP TRAINEE ATTENDANCE SHEET

NAME OF APPLICANT			
DATE OF JOINING			
MONTH		YEAR	

DAYS	IN TIME	SIGNATURE	OUT TIME	SIGNATURE
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Signature
(Program Manager)

Signature
(HR Executive)

Signature
(Admin)

UNPAID INTERNSHIP AGREEMENT

This is an agreement among _____ (“Intern”),

And

Pc Care Airway Infratel Private Limited (“Company”), a company incorporated under the Companies Act, 1956 its Registered Office at 7, Anupam Nagar, Extension-1, Jiwaji University road, Gwalior-474011 Madhya Pradesh and corporate office at 23, Vivekanand Colony, Near Silver Estate University Road, Gwalior-M.P. (hereinafter referred to as “Company” which expression shall, unless it be repugnant to the context or meaning thereof, be deemed to mean and include its successors and assigns).

The purpose of this educational internship is for Intern to learn about Company’s business and to gain valuable insight and experience.

The term of this internship begins on __/__/____ And end __/__/____ for ____ days.

Conditions of the Agreement:

- The internship is related to an educational purpose and there is no guarantee or expectation that the activity will result in employment with the Company.
- The education received by the Intern from the internship is for the express benefit of the Intern.
- The Intern does not replace or displace any employee of the Company.
- The Intern will receive direct and close supervision by an appropriate supervisor.
- The Company does not derive an immediate advantage from the activities performed by the Intern.
- Intern is not entitled to wages or any compensation or benefits for the time spent in the internship.
- Company is not liable for injury sustained or health conditions that may arise for the unpaid intern during the course of the internship.

The Intern specifically agrees to and acknowledges the following:

- This internship is educational in nature and there is no guarantee or expectation that the internship will result in employment.
- Company may at any time in its sole discretion, terminate the internship without notice or cause.
- Intern will maintain a regular internship schedule determined by the Intern and their supervisor.
- Intern will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
- Intern will obey the policies, rules and regulations of the Company site and comply with the Company’s business practices and procedures.
- Intern will furnish his/her supervisor with all necessary information pertaining to my unpaid internship, including related assignments and reports.
- Under no circumstances will Intern leave the internship without first conferring with Intern’s supervisor.
- Transportation to and from the internship site is the responsibility of the Intern.
- While Intern is on the Company premises, he/she is considered an employee or agent of Company for any purposes, including but not limited to workers compensation.

Intern assumes all of the risks of participating in the internship program. In consideration of the opportunity afforded to the Intern to participate in the internship program, Intern hereby agrees that he/she, his/her assignees, heirs, guardians, and legal representatives, will not make a claim against Company or any of its affiliated organizations, or either of their officers or directors collectively or individually, or any of its employees, for the injury of death to Intern or damage to his/her property, however caused, arising from his/her participation in the internship program. Without limiting the generality of the foregoing, Intern hereby waives and releases any rights, actions, or causes or action resulting from personal injury or death to him/her, or damage to his/her property, sustained in connection with his/her participation in the internship program.

I understand that this unpaid, learning experience is not employment and that Intern is not entitled to wages or a promise of employment at the completion of the unpaid structured learning experience.

Applicant Signature

Name _____

Date __/__/____

Signature for the company

Name _____

Date __/__/____

Title _____