



Application for Internship at MOHAN Foundation

DATE OF APPLICATION: _____

PERSONAL INFORMATION

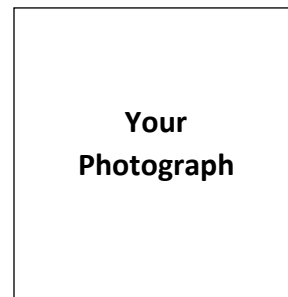
Name: _____

Address: _____

City: _____ State: _____

Mobile: _____ Email ID: _____

Date of Birth: _____ Age: _____ Sex: M () F () Transgender ()



INTERNSHIP

Work only for MOHAN Foundation Projects ()

Work to complete projects related to College ()

Available Start Date: _____

Duration: Less than one month (); 1-3 months (); 3-6 months (); More than 6 months ().

Preferred location: Chennai / Hyderabad / Delhi / Mumbai / Jaipur / Chandigarh / Nagpur

Area of Interest for MOHAN FOUNDATION PROJECTS:_(Maximum of two areas can be selected)

<ol style="list-style-type: none">1) Public education campaign - Designing and assistance (videos, audio visual aids, presentations, charts and posters)2) Data mining, analysis and report writing3) Legal framework of the law on donation4) Visual art creatives for education, social media campaigns and publicity of the social cause5) Online Content - Creation and updation6) Designing Social media campaigns	<ol style="list-style-type: none">7) Liaison with government health departments8) Resource Mobilisation campaigns - design and implementation9) Marketing the transplant coordinator's training program10) Assistance in conducting public surveys on organ donation11) Independent research projects in medical, social, legal and ethical aspects of organ donation
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EDUCATION

	Name and Location	Degree	Majors & Subjects of Study
High School			
College or University			
Specialized Training If any			

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed	Company Name	Location	Role/Title

AWARDS / MEDALS / DISTINCTION

PUBLICATIONS IF ANY –

ANY OTHER RELEVANT INFORMATION YOU MAY WISH TO SHARE

IN CASE OF EMERGENCY

Contact Person Name: _____

Address: _____

City: _____ State: _____ Country: _____

Mobile: _____ Email ID: _____

REFEREE 1

REFEREE 2

Name

Position & institution

Email

Contact No

Signature
(Type your Name for Signature)

DO NOT WRITE BELOW THIS LINE

Accepted: YES _____ / NO _____ By _____

Begin Internship on: (Date) _____

Internship ends on: (Date) _____