



ज्ञानोदय



Internship Guidelines

POWER SYSTEM OPERATION CORPORATION LTD.

WRLDC, Mumbai

1. Eligibility

All students pursuing Graduate or Post Graduate Degree programmes in Electrical Engineering, may apply for internship at POSOCO.

- The graduate engineering students must have completed third year or VIth Semester. (First and Second year students are discouraged to apply).
- The university/ college, to which the student belongs, must be AICTE approved/ central or Deemed universities or from recognized autonomous Bodies such as the IITs & NITs.
- To apply, the concerned Student must have a letter from his/ her college in original stating he is a bona-fide student and is allowed to undergo Internship at POSOCO, clearly mentioning the duration of the Internship.
- The student who wishes to apply at a particular RLDC, should apply to the Concerned HR at least 45 Days in advance.
- All Interns will be required to sign a Confidentiality Agreement before commencement of the internship.
- Students belonging to any other field will be strictly on a case to basis on approval of Head of the RLDC.

2. Guidelines

- Subject of Internship should be selected in consultation with project guide and from specific areas identified earlier by the guide.
- Educational criteria should be specified clearly, for each project.
- Internship shall be for a fixed pre-approved duration, during which the Intern will be required to come to office only when required and specifically asked by the Project Guide.
- Minimum duration of the Internship would be 2 weeks and maximum would be up to 8 weeks.
- When the internship sought is more than Eight weeks, specific approval of the Head of the Region will be sought.
- The project report, complete in all respects, must be submitted by the Intern to his/ her Project Guide.
- No Stipend/ TA/ DA/ Accommodation etc. shall be given to any Intern.



1. Application Form : Referral by the Concerned Institute

Name of the Student: _____

Course being pursued (with specialization/ Year/ Semester): _____

College and University: _____

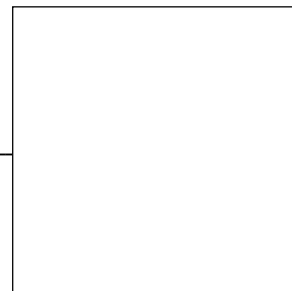
Whether the University is AICTE approved or Deemed University : Yes/ No,

Whether the course being pursued is (strike whichever in not applicable) : Regular/ Distance Learning

Duration of the Internship sought: _____

RLDC where Internship sought (Please tick one) : ERLDC/ NERLDC/ NRLDC / NLDC/ SRLDC / WRLDC

Marks Received in previous Terms (school/ College): _____



Name of the Course	Name of The institute	Name of the University	Marks/ Received	CGPA	Year of Passing

Details of Projects carried out: _____

Previous Work experience (if any) _____

I Certify that all details furnished above are True to my knowledge. I understand that No Stipend/ TA/ DA/ Accommodation etc. shall be given to me for the duration of the Internship

Phone Number _____

Address _____

Email ID: _____

Date:

(Signature of the Student)

Name of Institute Training and placement coordinator

Designation

Mobile number

Email ID

Date:

(Signature of the coordinator)

Enclosures: Please attach a Letter from the college stating that the Student is permitted for undergoing Internship at POSOCO and the Resume of the student. The students must furnish ID proof and contact details. Please attach an ID proof (school/ university ID Cards are not considered)



2. Intern Confidentiality Agreement

I understand that in the course of my internship at Power System Operation Corporation Ltd, I may have access to and be involved in the analysis and processing of sensitive verbal, written or electronic information related to employees or company business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship experience. I understand that I will not share, discuss or reveal any of this information with anyone. I will respect the sensitive nature of the information and work given to me. ,

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential or proprietary information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

I understand that if I violate above stipulations, the organization can initiate suitable action against me.

Intern Name: _____

(Full Name)

Intern Signature: _____

Date: _____

Place: _____

College: _____

Name of the Guide _____