WARSA: ETHNIC KNOWLEDGE HERITAGE SOCIETY

Anjangaon Surji, Dist. Amravati, (MS) India
(Registration No- MH/342/2021/Amravati, Public Trust Act No.F-29097)
Website : http://warsaethnicknowledge.org
Email : warsaethnicknowledge@gmail.com

Paste photo

Internship Registration Form

Personal Information:

1. Full Name: _____
2. Date of Birth (DD/MM/YYYY): _____
3. Gender: ☐ Male ☐ Female ☐ Other
4. Permanent Address:

   _____

   ___
5. Contact Number: _____
6. Email ID: _____
7. Aadhaar Number (if applicable): _____
8. PAN Number (if applicable): _____

Academic Details:

9. Name of College/University: _____
10. Course & Year: _____
11. University Roll Number/Enrollment ID: _____
12. Affiliated University: _____

Internship Details:

13. Select the Internship Program (Tick one):

☐ Medicinal Plant Identification and Cultivation Internship

☐ Sustainable Wild Edibles Internship

☐ Traditional Healers Documentation and Community Awareness Internship

14. Duration Preferred: ☐ 4 Weeks ☐ 6 Weeks ☐ 8 Weeks
15. Name of MoU Collaborator Institution (if applicable):

_____

_____

16. Name of In-Charge Faculty (if applicable):

Internship Responsibilities & Code of Conduct:

- I understand that I must maintain **80% attendance** in fieldwork and training sessions.
- I agree to **adhere to ethical documentation** and obtain consent before collecting any information.
- I will follow **sustainable practices** in plant collection to minimize environmental impact.
- I will actively participate in **workshops and community engagement programs**.
- I will submit **daily logs, mid-term reports, and a final research report** as part of my internship assessment.

Declaration: I, _____, declare that the information provided above is true to the best of my knowledge. I agree to abide by the rules and regulations of WARSA and adhere to ethical practices during the internship.

Signature of Applicant: _____ **Date:** _____

Registration & Membership Fees:

Registration fees – 1000 Rs for UG student and 1500 for PG students

- Payment Mode: ☐ Online ☐ Cash ☐ Bank Transfer
- Transaction ID (if applicable): _____
- Payment shall be made online (Any mode) / Cash Cheque.

Account holder name : **Warsa Ethnic Knowledge Heritage Society**

- Name of Bank : Bank of Maharashtra Branch: Surji Anjangaon
- **Account No- 60396417232** IFSC Code: MAHB0000911

For Office Use Only: Application Received By: _____ Date: _____

Membership Payment Received (₹ 1000/ 1500): ☐ Yes ☐ No

Internship Coordinator Approval: ☐ Approved ☐ Not Approved

Signature of WARSA Coordinator: ---------- Date----------

Document to be attached with registration form –

1. Bonafide Certificate / Identity Card
2. Letter from Principal/ Head of the Department
3. Photocopy of AADHAR CARD