

Technical & Skill Development Centre for Blind & Disabled



Application for TSDCBD internship/volunteer

Name of Applicant

Contact Details (Phone. E-mail).....

Present University or Institutional affiliation.....

Current area of study

Relevant other qualifications or experience).....
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Briefly explain your reasons for applying to the TSDCBD as an intern/volunteer
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Dates that you are available (TSDBCD only accepts interns/volunteers for a minimum of three months)

From: To:

Preferred hours (full time or part time)

.....Full-timePart-time (Please specify hours requested & why

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Signed:Date: