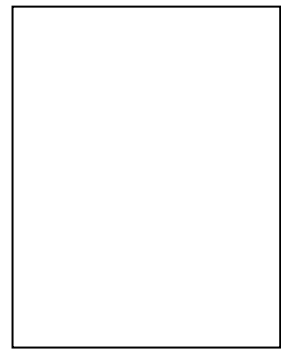


BUILDING CONCEPTS

INTERNSHIP APPLICATION FORM



(Name & address here)

Date:

To,
BUILDING CONCEPTS
RNRA #7, Sangeetha
Near Kollam Collectorate
Kaikulangara North,
Thirumullavarom Post
Kollam, Kerala 691012

Dear Sir / Madam,

Myself, a student of _____

(Program/semester/year) pursuing my architectural education at _____

_____ (Institute/City)

wish to join BUILDING CONCEPTS as an Intern from _____

(month/year) to _____ (month/year).

Kindly find enclosed the following: (Please Tick only)

- Application Form
- Curriculum Vitae
- Copies of marksheets and certificates with mention of Rank in Class
- Portfolio

Thanking you,

Yours Sincerely,

Please complete, in block letters, the sections that apply to you.
Return the form by e-mail to bldgconc@gmail.com

1. PERSONAL INFORMATION

Name : _____

Date of Birth : _____

Place and Country of Birth : _____

Gender (M/ F) : _____

Present Citizenship : _____

Permanent Address : _____

Present Mailing Address : _____

Telephone (Land phone & Mobile) : _____

E-mail : _____

2. INSTITUTE OF STUDY (ARCHITECTURE)

Name : _____

Address : _____

Telephone : _____

E-mail : _____

Head of Department/Contact Person : _____

(Name, Designation, Telephone, E-mail) : _____

3. Educational Background:-

Year	% Marks scored (Average)	Rank	College / University
5 th year			
4 th year			
3 rd year			
2 nd year			
1 st year			

Please attach copies of mark sheets/ certificates which mention rank in class

Scholarships / Awards / Achievements:-

1. _____
2. _____
3. _____
4. _____

Thesis Topic:-

Hobbies / Extra Curricular Activities / Social Work:-

1. _____
2. _____
3. _____
4. _____
5. _____

Language Proficiency:- (Please Tick Appropriate Box)

Language	English	Hindi	Malayalam	Others
Speak				
Read				
Write				

Computer Proficiency:- (Please Tick Appropriate Box)

Course	MS Word	MS Excel	Autocad	Sketchup	Lumion	Revit	Archicad	Others
Excellent								
Good								
Fair								

Family Details:-

Relation	Name	Age	Education	Occupation
Father				
Mother				
Brothers/ Sisters				

4. REFERENCES:- (Professor / Lecturer who knows you well but is not related)

1. Name : _____
Address : _____
: _____
: _____
Telephone : _____
E-mail : _____

2. Name : _____
Address : _____
: _____
: _____
Telephone : _____
E-mail : _____

5. CANDIDATE'S STATEMENT

I certify that the statements made by me are true and complete. I also declare that, to the best of my knowledge, my health allows me to undertake the proposed internship.

Signature : _____