



**APPLICATION FORM FOR INTERNSHIP IN THE KERALA STATE
HUMAN RIGHTS COMMISSION, THIRUVANANTHAPURAM.**

NAME	
AGE AND DATE OF BIRTH	
NAME OF THE COURSE	
NAME & ADDRESS OF THE INSTITUTION	
IDENTITY CARD NO.	
RESIDENTIAL ADDRESS & PHONE NO.	
NAME & PHONE NUMBER OF PARENT/GUARDIAN	
REASON FOR CHOSING KSHRC FOR INTERNSHIP (BRIEF NOTE ATLEAST IN 10 SENTENCES)	

Place :

Name & Signature of the intern

Date :