



**Department of (Name of the Department)
Faculty of Management
University of Peradeniya**

BASIC DETAILS OF INTERN

1. Name: _____
(Last) (First)

2. Registration No: _____

3. Permanent Address: _____

4. Telephone: _____ 5. E- mail: _____

6. Address for Correspondence, if different from 3 above :

7. Telephone: _____ 8. E- mail: _____

9. Area of specialization:

I hereby solemnly state that the particulars given in this form is true and accurate to the best of my knowledge. I give my consent to the Internship Coordinator of the Department of (Name of the Department), Faculty of Management, University of Peradeniya to use this information in the Internship Program

Signature: _____

Date: _____