

## इंटरनशिप प्रोग्राम गाइडलाइन्स 2024

क्रमांक: 19280

दिनांक: 12/12/2023

यह सूचित किया जाता है कि पूर्व इंटरनशिप प्रोग्राम 2019, 2022 व 2023 की निरंतरता में इंटरनशिप प्रोग्राम-2024 निम्नानुसार है :-

### Internship Programme 2024

S.No.	Month Name	Internship Batch	Period of Internship Batch
1.	January 2024	1 <sup>st</sup> Batch	02.01.2024 - 29.01.2024
2.	February 2024	2 <sup>nd</sup> Batch	01.02.2024 - 27.02.2024
3.	March 2024	3 <sup>rd</sup> Batch	01.03.2024 - 30.03.2024
4.	April 2024	4 <sup>th</sup> Batch	01.04.2024 - 30.04.2024
5.	May 2024	5 <sup>th</sup> Batch	01.05.2024 - 27.05.2024
6.	June 2024	6 <sup>th</sup> Batch	01.06.2024 - 28.06.2024
7.	July 2024	7 <sup>th</sup> Batch	01.07.2024 - 26.07.2024
8.	August 2024	8 <sup>th</sup> Batch	01.08.2024 - 31.08.2024
9.	September 2024	9 <sup>th</sup> Batch	01.09.2024 - 30.09.2024
10.	October 2024	10 <sup>th</sup> Batch	01.10.2024 - 04.11.2024
11.	November 2024	11 <sup>th</sup> Batch	04.11.2024 - 30.11.2024
12.	December 2024	12 <sup>th</sup> Batch	02.12.2024 - 03.01.2025

— Sd —

सदस्य सचिव,  
राजस्थान राज्य विधिक सेवा प्राधिकरण,  
जयपुर।



**Annexure-A**

**Programme for internship for law students**  
**(Rajasthan State Legal Services Authority)**  
**Application for internship**

Internship Year : \_\_\_\_\_ (Winter/Summer/Other)  
(For Office Use)

Self  
Photograph  
to be  
Affixed

**Proposed Period** from ..... to .....

1. Name of the Intern : Mr / Ms

.....

2. Date of Birth : .....

3. Father's/Husband's Name : .....

4. Residential Address : .....

.....

5. Contact No. : .....

6. E-mail address : .....

7. Name of Educational Institution (Address with Contact No):

.....

.....

8. Educational Qualification:

S. No.	Name of Board/ University/ Institute	Examination passed	Years of passing	Percentile or grade in exam	Subjects
		Secondary			
		Sr. Secondary			



9. Subject, if any, please specify: .....
10. Name of DLSA for internship: .....
11. If for RLSA, please specify : Jaipur / Jodhpur
12. Please mention about Academic Achievements and Extracurricular Activities, if any :

### **Declaration**

I ..... faithfully declare that information furnished herein above is correct and true.

(Signature of the Intern)

Place:

Date: