INTERNSHIP FORM FOR M.TECH / M.S(R) / PH.D STUDENTS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Name of the Student | : |  | | |
| 2. | Roll Number | : |  | | |
| 3. | Department | : |  | | |
| 4. | Date of Joining | : |  | No. of months completed in the program : |  |
| 5. | Place of Internship | : |  | | |
| 6. | Duration of Internship | : | From (Date) To (Date) | | |
| 7. | Internship Fellowship Amount | : |  | | |
|  | Date : Signature of the Student:   * Please attach leave application form along with this document | | | | |
| 8. Doctoral Committee Recommendations : | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Department | Signature |
|  | Member |  |  |
|  | Member |  |  |
|  | Member |  |  |
|  | Member |  |  |
|  | Guide |  |  |
|  | Guide |  |  |
|  | External Co-Guide |  |  |
|  | Chairperson DC |  |  |

***(To be filled by the Academic Section)***

|  |  |  |  |
| --- | --- | --- | --- |
| 9. | Institute Fellowship (HTTA/HTRA) will be stopped | : | From (Date) To (Date) |

|  |  |
| --- | --- |
| Verified  JA/JS, Academics | Forwarded  AR/DR, Academics |
| Recommended  Advisor, Academic Research | Approved  Dean, Academic Affairs |

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