



भारतीय सूचना प्रौद्योगिकी संस्थान, नागपुर

Indian Institute of Information Technology, Nagpur

“An Institution of National Importance by an Act of Parliament”

Survey No. 140,141/1 Behind Br. Sheshrao Wankhade Shetkari Soot Girni, Village: Waranga,

Po: Dongargaon (Butibori), District : Nagpur (Maharashtra) -441108

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दो / छह महीने की इंटरशिप कार्यक्रम के लिए आवेदन पत्र वर्ष 20_____

Application Form for Two / Six Months Internship Program for Year 20_____

STUDENT DETAILS:										
Name of the Student :									Photo	
Duration of Internship :	Start Date:	End Date:		Mode: (Online / Offline)						
Supervisor's Name:										
Department :				Lab to be allotted (If Any):						
Student Institute / Organization Name with Address:					Degree Pursuing :					
Topic of Internship :										
Nationality:					If Person with Disability, mention the type of disability:					
Category : (tick ✓)	GEN		OBC		SC		ST		PWD	
Gender : (tick ✓)	F		M		Other		Date of Birth:	DD	MM	YYYY
Parent's Name:	Father Name:						Mother Name:			
Address Details:	Address for Correspondence:					Permanent Address:				
Contact Details:	Student's Mobile No.:					Parent's Mobile No.:				
Student's Email Id:										

Educational Qualification (Starting from 10th onwards and upto last degree obtained)					
Examination Passed	Board / University	Year/ Sem	Subjects/ Discipline/ Specialization	Division/ Class	% Marks / CGPA
10 + 2 (HSC)					
Degree pursuing (B.E. / B. Tech/ B.Sc / M.Sc)					
Current Semester details					

Health Declaration :
Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies? :-
Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication? :-
<i>N.B.:Any medical expenses during the internship period will be borne by the candidate himself/herself.IIT Nagpur will not be responsible towards any medical expenses.</i>

Declaration

I hereby declare that all the details furnished above by me are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be held liable for it.

List of Attachments (Tick):

1. Resume / CV
2. Identity Card / No Objection Certificate / Bonafide Certificate
3. Fee Payment Receipt

Place: _____

Date: _____

Remarks, if any:

Name & Signature of the Student

Supervisor

Recommended / Not-Recommended

Dr.Richa Makhijani

Internship Coordinator

Head of the Department (CSE/ECE/BS)

Approved / Not-Approved

Associate Dean

For Office Use

To

CC: Registrar Office

Fee payment details:

Received Amount : _____

Transaction number : _____

Date :

Signature :