



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

Website: www.iiitn.ac.in Email: director@iiitn.ac.in, registrar@iiitn.ac.in Phone: 9405215010

Six Months Internship Program Form for Year 20_____

Candidate Details:										Photo
Name of the Applicant:										
Duration of Internship:	Start Date:				End Date:					
Supervisor's Name:										
Department:										
Degree Pursuing:				Lab to be allotted (If Any):						
Tentative topic of internship:										
Name of Intern's Institute / Organization:										
Category (tick \sqrt):	GEN		OBC		SC		ST		PWD	
Gender:	Male / Female		Date of Birth:			DD	MM	YYYY		
Mother's Name:										
Father's Name:										
If Person with Disability, mention the type of disability:										
Address Details:	Address for Correspondence				Permanent Address					
Contact Details:	Candidate Mobile No.:				Parent Mobile No.:					
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/ 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?

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.

Declaration

I hereby declare my that the details furnished above 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 may be held liable for it.

Fee payment details: Date: _____	Transaction number: _____
---	----------------------------------

Place: _____

Date: _____

Signature of the Applicant

List of Attachments:

1. Resume / CV
2. Identity Card / No Objection Certificate / Bonafide Certificate

For Office Use

Remarks, if any:

Signature of Supervisor

Approval from Dean / Director

Remarks, if any:

In-charge Dean

Approved / Not-Approved

Director