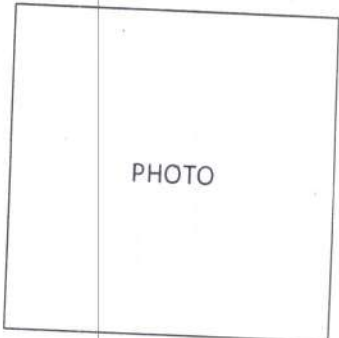


Appendix-II

Application for Internship Programme

1. Name of Student:
2. Father's Name:
3. Class/Semester:
4. Programme of Admission: Humanities/Life Sciences/Physical Sciences/Computer Sc./Commerce/Tourism/Home Sciences
5. Session : 2025-2026
6. College Roll No.:
7. University Roll No.:
8. Student ABC ID:
9. Mobile No. :
10. Email Id:
11. Address:
12. Name of Major Subjects :
(i).....(ii).....(iii).....
13. Period of Internship (4 to 6 weeks):
14. Internship Preferences:



	Core-Area	Organization	Location
(i)			
(ii)			

Signature of the Student

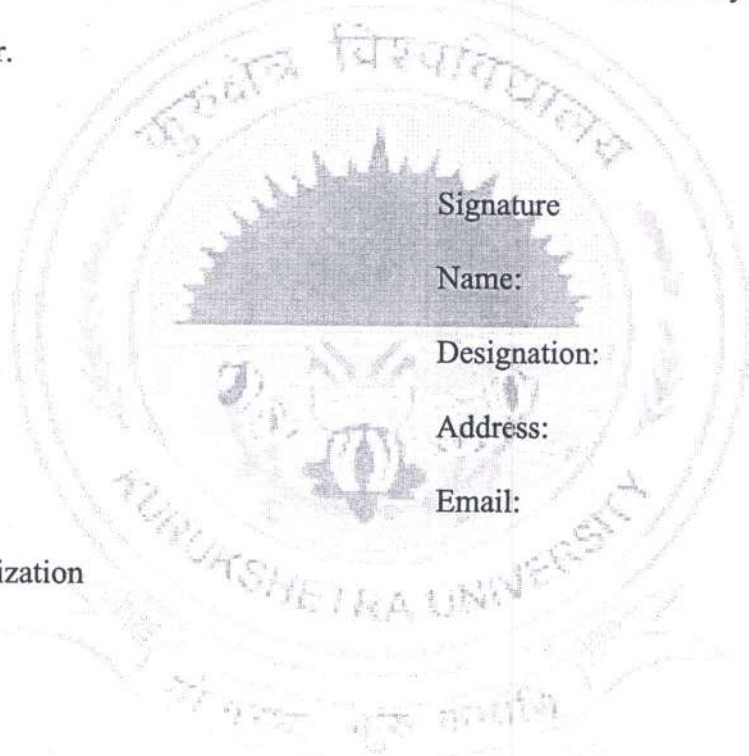
Teacher-In-Charge

Name of Internship Supervisor (allocated by the Teacher Incharge)

Appendix-III

Consent of Internship Mentor

I (Name)..... having designation in the organization
hereby extend my consent to allow the student of Class Roll No. of Department/College/Institute/ to do the internship..... in this organization during the period..... Mr./Ms./Mrs. or myself will act as an Internship Mentor.



Seal of the Organization

Appendix-IV

Internship Completion Certificate

It is certified that Mr./Ms./Mrs..... S/D/O.....
.....Class.....Roll. No.....of Department/College/Institute
.....carried out his/her internship from..... to.....
in this organisation.....

On the bases of his/her regularity, punctuality, interest shown towards learning skills, dignity of labour, team participation, work experience and meeting internship objectives, a score of marks out of 50 marks is awarded.

Remarks, if any

Date:

Signature of Mentor

Name of Mentor

Designation:

Address:

Email:

Seal of the Organization

Appendix-V

Recommendation Letter from Institute to Internship Providing Organization

To

.....
.....

Subject: Request for 04/06 Weeks Internship of Undergraduate Students

Dear Sir/Madam

It is to inform you that NEP-2020 has made internship mandatory for all undergraduate students. Accordingly, many students have shown their interest in doing their internship at your organization as being important and impactful.

I request your good self to allow our following students for internship in your organization:

S. No.	Name	Roll No.	Year	Discipline

Kindly accord your permission and convey your consent in the format of Annexure-III at the earliest. It will be appreciable if one-week time is given for students to join training after confirmation.

A line of confirmation will be highly appreciated.

With warm regards

Yours sincerely

Internship Coordinator/Nominee