



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 / Two 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. IIIT 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: _____
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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

Recommended / Not-Recommended

Associate Dean

Approved / Not-Approved

Director

To

CC: Registrar Office