



# 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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## 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 $\sqrt{\quad}$ ):		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.*

<b>Fee payment details:</b> <b>Date:</b> _____	<b>Transaction number:</b> _____
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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