Form: Acad/UG/02



Indian Institute of Technology Guwahati

Office of the Academic Affairs Section

APPLICATION FOR SUMMER INTERNSHIP ABROAD

Name of the student:		Roll No.:
(In Capital Letter)		
Programme (BTech/BDes):		Semester:
Current CPI:		
Backlog courses if any:		
Email	Mobile number	r:
	1	
DETAILS OF INTERNSHIP Name of the Institution to be visited	:	
Name of the Host Professor/Scienti	st	
Address of the Host Professor:		
Department:		
Street:	City:	
Country:	Zip code:	
Email:	Telephone:	Fax:
Period of internship: From Is internship period ending before		9 to/2019.
Declaration : I shall be available in registration on July 23		019 (Monday) and I will do semester
		Signature of the student with date
		Recommended / Not Recommended
Signature of the Member Secre	etary-DUPC	Signature of the HoD with Date
	For Office use only (Aca	<u> </u>
Signature of Dealing Staff	For Office use only (Aca	demic)