



**DEPARTMENT OF CIVIL ENGINEERING  
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI  
GUWAHATI - 781039**

**Personal Details of Summer Trainee**

1.	Name		<i>Photograph</i>
2.	Program		
3.	Date of Joining		
4.	Date of Leaving		
5.	Name of the Supervisor		

*Signature of Student*

Forwarded by:

\_\_\_\_\_  
Supervisor

Date:

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**For office use only:**

Above student is permitted to use the facilities in the department for his/her work in the summer training program as guided by his/her supervisor with prior permission from the respective laboratory/section in-charge.

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Head of the Department

Date:

Office Seal:

***NB: Handover this document to the Dept. office before leaving***