

Indian Institute of Technology Guwahati
Department of Humanities and Social Sciences
Joining report of Summer / Winter Trainee

1. Name : _____
2. University/Institute : _____
3. Programme : _____
4. Name of the local supervisor : _____
5. Duration of stay at IIT Guwahati : from.....to.....
6. Address# : _____

Mobile.....
Email.....

Date:

Signature

Signature of the supervisor

*# Your hostel address at your university/institute.
Please submit this form to HSS office.*