

Application form for Summer Internship
(Scanned Copy to be mailed to Head of the Department)

Department Applied for: _____

Name of the Proposed Faculty Member (if any): _____

*(All the columns are to be compulsorily filled in neatly in capital letters)

1. Name of the Applicant :
2. Present Semester & Branch :
3. Postal Address :
4. Permanent Address :
5. Mobile No :
6. Email :
7. Father's Name :
8. Gender: Male /Female :
9. Date of Birth :
10. Nationality :

Education Qualifications Details:

| Examination Passed | Institution/ University | Year of Passing | % of Marks/ SGPA | Specialization(PG) |
|--------------------|-------------------------|-----------------|------------------|---------------------|
| Sem 1 | | | | |
| Sem 2 | | | | |
| Sem 3 | | | | |
| Sem 4 | | | | |
| Sem 5 | | | | |
| Sem 6 | | | | |

Overall % or CGPA of the candidate based on last result declared: _____

I _____ hereby declare that the statement made in this application are true, complete and correct to the best of my knowledge and belief. I also ensure that during the internship I will follow the institute rules and regulations. Consent of my parents for attending the summer internship at Dr B R Ambedkar NIT Jalandhar is already taken by me.

(Signature of the applicant)

Forwarded by

Head of the institute
Name & Signature
Seal of the Institute