

Tel: +91 877 250 3531

ACADEMIC SECTION

Email: academics@iittp.ac.in

INTERNSHIP FORM FOR M.S(R) / PH.D STUDENTS

| | | | | |
|---------------------------------|---|-------------|------------------------------------------|--|
| 1. Name of the Student | : | | | |
| 2. Roll Number | : | | | |
| 3. Department | : | | | |
| 4. Date of Joining | : | | No. of months completed in the program : | |
| 5. Place of Internship | : | | | |
| 6. Duration of Internship | : | From (Date) | To (Date) | |
| 7. Internship Fellowship Amount | : | | | |

Date :

Signature of the Student:

❖ Please attach internship offer letter and leave application form along with this document

8. Doctoral Committee Recommendations :

| Name | Designation | Department | Signature |
|------|-------------------|------------|-----------|
| | Member | | |
| | Member | | |
| | Member | | |
| | Member | | |
| | Guide | | |
| | Guide | | |
| | External Co-Guide | | |
| | Chairperson DC | | |

(To be filled by the Academic Section)

| | | | |
|------------------------------------------------|---|-------------|-----------|
| 9. Institute Fellowship (HTRA) will be stopped | : | From (Date) | To (Date) |
|------------------------------------------------|---|-------------|-----------|

Verified

Forwarded

JA/JS, Academics

AR/DR, Academics

Recommended

Approved

Advisor, Academic Research

Dean, Academic Affairs

(Page 1 of 1)

Note: After signature of the Dean, Academics, the original is to be kept in the personal file of the student in the Academic Affairs Section and photocopy / scanned electronic copy is to be sent to the student, Guide(s), Chairperson, Internship Office and the Department Office.