INFORMATION REQUIRED FROM TECH. INSTITUTION REGARDING INTERNSHIP PROGRAM

A. Name of the Institution (Capital Letters): 
Name of Director/Principal/VC: 
Email: 
Phone No.: 
Postal Address: 

B. Name & Designation of the Coordinator dealing Internship: 
Mobile No.: 
Email: 

C. University/State Board of Technical Education to which Institution is affiliated: 
Is this B.Tech./Diploma Program Approved by AICTE? (√) YES NO 

D. Employment/Placement information for the last batch: 
No. of students placed 
(Please provide mandatory details on overleaf) 

E. Internship presently being arranged (√) YES NO 
If YES, (Attach separate sheet) 
1. Branch of Engineering: 
2. Number of Students for Internship: 
3. Name & Address of Industry: 

F. Do you require more training seats for Internship? (√) YES NO 
If YES, 
1. Branch of Engineering: 
2. Number of Students for Internship: 
3. Month(s) in which Internship is required: 

G. Is Internship a part of curriculum? (√) YES NO 
If YES, 
1. Branch of Engineering: 
2. Period in Week/Days: 
3. Preferable Month(s): 

Date: 
Place: 
Signature of Director/Principal/VC (with seal)
D. Employment/Placement Information for the Last Batch (Year…………………………..)

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<th>Sl. No.</th>
<th>Name of the employer</th>
<th>Complete postal address of the employer</th>
<th>Contact person with designation</th>
<th>Contact No.</th>
<th>Email ID.</th>
<th>Branch/Discipline of Engg./Tech.</th>
<th>Number of Students employed</th>
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Note: Please attach additional sheets, if required.

Date: 
Place: 
Signature of Director/Principal/VC (with seal)