

## **National Institute of Technology Calicut**

## Office of Dean (R & C)

## **Application Form for Summer Internship 2021** Affix a Recent Self Attested Passport (Scanned copy of this application to be mailed to <u>intern@nitc.ac.in</u> on or before 15<sup>th</sup> May, 2021) Size Photo/digital image(Jpeg/Png) Department Applied for: (candidates shall submit separate applications if they wish to apply to different departments) (All the columns are to be compulsorily filled in neatly in capital letters) Name of the Applicant 2 Present course/programme in which candidate is studying and specialization: 3 Present Semester 4 Name of the Institute 5 Contact Address of the candidate PIN 6 Permanent Address PIN 7 Mobile No 8 E-mail 9 Date of Birth Gender : Male/ Female 10 **Nationality** 11 A)Name of Guardian (Father/Mother or Spouse): B) Contact Address C) Mobile and Email Id

12	Details of Examination Passe	d				
	Course attended(B.Tech/B.Arc/ / B.Sc./ M.Tech/MBA/others)	Specialization (if any)	Institution/ University	Results declared upto(semester)	Cumulative % of Marks/ CGPA/CPI upto the last declared results	
	UG:					
	PG:					
13	Number of failed courses /bac	k papers for the	present programme of	study as on today:		
14	Number of papers presented/published in reputed conferences/journals(attach scan copies):					
15	Awards/certificates/ any other important credentials					
_	ations stipulated by NIT Cauship at NIT Calicut is alread				ending the summer	
Mr./M	<b>16. Recommendatio</b> S		<b>m the Head of the D</b> a regular student (Ro	-	<b>tution</b> ) studying in	
recogn records	semester of the nized and approved by AIC s. Details given by him/her ternship at NIT Calicut. His	CTE/UGC. The are verified an	ere is no disciplinar	programme /co y action against s college/Institute	urse in our institute him/her as per our has no objection for	
Date:			Name & Signature Head of the Department /Institution			
Email	Iν.					

Seal of the Institute/Department

## 17. Consent of the Parent/Faculty Advisor:

	am the parent/Faculty advisor of the applicant Mr./Ms.
	studying inprogramme
	college/Institute. I hereby confirm my willingness
	internship at NIT Calicut as per the NITC rules/regulations. I hereby agree and confirm that any
	et from my son/ daughter/ward shall tantamount to the damages to the institute and will lead to the
	the terms and conditions of the training/ internship. In such cases, NIT Calicut shall be at liberty propriate action.
to take app	propriate action.
Date	Name & Signature of Parent/Faculty advisor:
Mobile no	. of Parent/Faculty advisor:
Email ID:	
Address:	
Research/	Project Proposal (Maximum one page)
a)	Title
b)	Work Plan
c)	Objectives
- /	
d)	Outcome
e)	References