



भारतीय प्रौद्योगिकी संस्थान हैदराबाद

कन्दी - ५०२२८४, संगारेड्डी, तेलंगाना, भारत

**Indian Institute of Technology Hyderabad**

Kandi, Sangareddy - 502284, Telangana, India

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## INTERNSHIP APPLICATION FORM – FORM 1

Date: .....

**Internship Title:**

### **Part -1**

1. Student Name & Roll Number:			
2. Home Address:		Phone:	
3. Student email address:			
4. Program:	5. Internship Semester: _____ Year.		
6. Duration of the Internship:			
Start Date of the Internship		Expected End Date of the Internship:	
<b><u>Faculty Mentor</u></b>			
Name of the Faculty			
Course Details			
Elective Type:	Department Elective <input type="checkbox"/>	Free Elective <input type="checkbox"/>	
	Course Code: XXX3405	Course Code: ID3405	
Internship Work Disclosure option (Yes/ No): If option is No, (i.e, not to disclose the work) the 6 credits will not be substituted toward the degree requirements			
<b><u>Industrial Supervisor</u></b>			
Name			
Designation			
Industry/Company/Organization/Research Labs			
Internship Address			
Phone/Mobile No			
EMail			

## Part -2

<p>What do you intend to learn, acquire and clarify through this internship?</p> <p>Try to use concrete, measurable terms in listing your learning objectives under each of the following categories:</p>	<p>Knowledge and Understanding:</p> <hr/> <p>Skills</p>
<p>How will your internship activities enable you to acquire the knowledge/understanding/skills and How your technical knowledge can be applied at the site of the internship.</p>	
<p>Describe in as much detail as possible your role and responsibilities while on your internship.</p> <p>List duties, project to be completed, deadlines, etc. How can you contribute to the organization/site of internship</p>	

**Declaration:**

1. I do not have any backlogs.
2. I declare that the current internship is not bound by NDA (Non-Disclosure Agreement), subject to option of Disclosure.
3. I will abide by the rules and regulation of the organization and will maintain a proper discipline with keen interest during their Internship.
4. I Will submit a report to the department on my learnings/experiences.
5. I will share the Institute expectations report as per Form-2 with my DUGC/HOD and Industrial Supervisor.

**Signature of the Student** \_\_\_\_\_

**For Department's Use:**

Signature of the Faculty Advisor..... Signature of DUGC/HOD.....

Signature of the Mentor-----