**भारतीय प्रौद्योगिकी संस्थान पटना
INDIAN INSTITUTE OF TECHNOLOGY PATNA**



**FORM FOR SUMMER INTERNSHIP PROGRAMME AT IIT PATNA – 20**

**Personal Information**

Photograph

Is any disciplinary case pending against you? **Yes / No**

*(If yes attach details in separate sheet)*

e-mail:

Phone No.:

Gender:

Name:

Date of Birth: Correspondence Address:

**Parents’/Guardian’s contact information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relation |  |
| Address |  |
|  |
|  |
|  |
| Phone No. |  | Mobile No. |  |
| e-mail |  |

**Institute affiliation information**

|  |  |
| --- | --- |
| Name of Institution |  |
| Address |  |
| Degree /Programme |  | Semester/year |  |
| CGPA/Marks %: |  |  |

**Reference**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |
| E-mail |  | Ph No. |  | Fax No. |  |

**Department at IIT Patna**

|  |  |
| --- | --- |
| Department of application at IIT Patna |  |
| Supervisor(s) Name |  |
| Research Topic/Area |  |
| Duration of stay at IIT Patna |  |
| **Hostel accommodation is required?** |  |

I hereby consent to supervise the student for the duration mentioned above.

Supervisor

I hereby declare that all information given above is correct.

Applicant’s Signature with Date

The student is selected as summer intern under supervision of Prof. /Dr. ........................................................

**(Head-Department of )**

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**INDIAN INSTITUTE OF TECHNOLOGY PATNA**

KANPA ROAD, BIHTA, PATNA - 800013, BIHAR, INDIA Ph.: + 91-612-3028103



**Declaration to be submitted by Project Trainees**

The undersigned do hereby declare that:

1. Mr. ………………………….SO/DO……. …………….. is a……………………(class/batch) regular student of…………………………………………………………… (name of Institute)
2. He is being permitted to undertake……………………………. semesters (time) project work at IIT Patna from ……………………(date) to………………………(date).
3. The right of intellectual property generated as an outcome of this project will lie equally with both the institutes.
4. Mr. ………. (name of the student) will abide by all the rules and regulations and

adhere to the discipline of IIT Patna.

1. Mr. ………. (name of the student) will follow ethical practices in his conduct

during his entire period of stay in IIT Patna.

Signature of Student: Signature of Guide/HoD/Head of Institution:

Name: Name:

Address: Department:

Contact No.: Date:

Local Guardian (if any):