

K. J. Somaiya College of Engineering, Mumbai-77
IC-01 Application for Internship
Semester: July/January 20__ - November/April 20__

Internship Type	In-house / External	Full time / Part time / Work from home
Name of the student and Roll No.		
Address		
Somaiya Email & Tel. No.		
Year of study (as per last exam given)	FY/SY/TY/LY	Course: B. Tech / M. Tech
Branch & Division		

Name of the Parent / Guardian	
Address	
Email/Tel. No.	

Details of the internship (Attach separate sheet if required)	
Winter / Summer 20__ Duration: _____ From _____ to _____ Location: _____	
Name of the organization / institute:	
Name & Sign of the supervisor with contact details (Address/Email/ Tel no.)	
Stipend if any (per month)	

Total no of working instructional days may be missed as per the academic calendar	
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Declaration	
I undersigned parent / guardian of _____ jointly take the responsibility and liability related to all matters during the said internship period.	
Signature of Student	Signature of Parent / Guardian

Name and Signature of Department Internship Coordinator / Proctor / HOD	
Approved / Not approved	
Date:	IAI In charge