**Summer Internship Application Form**

**Under Science and Engineering Research Board (SERB) Sponsored Project**

**Last date to receive filled application form is 15th April 2020**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Date:**  Insert Passport size photo | | | | | | | |
| Name of the Applicant | |  | | | | | |
| Name & Address of the Institution/ University | |  | | | | | |
| Department | |  | | | | | |
| Degree Pursuing | |  | | | | | |
| Programme Duration | |  | | | | | |
| Subject Specialization (if any) | |  | | | | | |
| Category (General/OBC/SC/ST) | |  | | | | | |
| Gender | |  | | | | | |
| Mother's Name | |  | | | | | |
| Father's Name | |  | | | | | |
| Marital Status | |  | | | | | |
| If Person with Disability: | | | | | | | |
| Type of disability | |  | | | | | |
| Address Details | | **Address for Correspondence** | | | **Permanent Address** | | |
| Contact Details | | •Mobile No.: | | | Contact no. of parent with STD code: | | |
| Educational Qualification (Starting from 10th onwards and upto last degree obtained) | | | | | | | |
| **Examination Passed** | **Board/University** | | **Year** | **Subjects/ Discipline/ Specialization** | | **Division/ Class** | **%Marks / CGPA / Equivalent** |
| 10th |  | |  |  | |  |  |
| 10+2 |  | |  |  | |  |  |
| Degree |  | |  |  | |  |  |
| Post Graduation |  | |  |  | |  |  |
| Publication in referred Journals (if any): | | | | | | | |
| List of Attachments:1.Transcripts,2.Resume,3.Bonafide Certificate,4.Identity Card | | | | | | | |
| Health Declaration : | | | | | | | |
| Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies? | | | | | | | |
| Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?  ***N.B.:****Any medical expenses during the internship period will be borne by the candidate himself/herself. NIT Meghalaya will not be responsible towards any medical expenses.* | | | | | | | |
| Arrange to send two recommendation letters before due date | | | | | | | |

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| **Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature of the Applicant** |