**SUMMER INTERNSHIP PROGRAM 2024**

**Application Form**

|  |  |
| --- | --- |
| 1. **Dept. Applied for:**
2. **Topic & Proposed Supervisor: (in preference order)**
 | Photograph  |
| Order | Topic | Proposed Supervisor |
| I |  |  |
| II |  |  |
| 1. **Personal Details:**
 |
| Name(In Block Letters) |  |
| Date of Birth |  | Gender |  |
| 1. **Name of Current Institution**

 **(Enrolled)** |  |
| 1. **Address with contact details**
 | Present Address: |
| Permanent Address: |
| Mobile No: | Email: |
| 1. **Educational Qualification:**
 |
|  | Name of Institute/College/School | Name of Board/University/Institute | Year of passing | Percentage of marks/CGPA |
| 10th |  |  |  |  |
| 12th |  |  |  |  |
| Semester/Year | 1st | 2nd | 3rd | 4th | 5th | 6th |
| B.Tech. /B.Sc. |  |  |  |  |  |  |  |  |  |
| M.Tech. / M.Sc. |  |  |  |  |  |  |  |  |  |

1. **Hostel Accommodation required: Yes/No\_\_\_\_\_\_\_\_\_**
2. **Any Achievements/Awards that you would like to highlight:**
3. **Statement of Purpose** (Write about the topic/project that you are interested and why do you want to do this internship) (250 words)**(Required)**
4. **Any Previous Record of Project Work** (Have you done any kind of research/ project/ internship or fieldwork previously? If yes please mention details of research work) (200 words)
5. **Declaration**

I hereby declare that all the information provided in this application is correct and complete to the best of my knowledge. If selected, I shall abide by rules & regulations of NIT Meghalaya.

Place:

Date: Signature of applicant

1. **Approval from the institution where studying:**

I hereby certify that Mr./Ms. ………………………………………… is a bonafide student of Department of ……………………….……………………………………………………. at ............................................................................................... (name of Institute or University). He/she is allowed to carry out his/her Summer Internship at NIT Meghalaya during the period from ……..…………….. to …….……………

|  |  |
| --- | --- |
| Date:Place: | (Signature with seal)Head of the Department / Institute |

**For Office Use ONLY**

|  |  |
| --- | --- |
| Recommendation  (Yes/No) |  |
| Proposed Project |  |
| Supervisor’s Name & signature |  |
| Internship Dates |  |

**Please send the scanned copy (pdf) of duly filled application form through email to :** **summer.internship@nitm.ac.in**