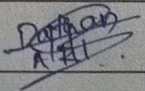


REQUEST FOR ENGAGEMENT / INTERNSHIP OF STUDENTS FROM OTHER INSTITUTION / COLLEGES

Name of the student (In capital)	HARIDATHAN . S
Address	Chavadi Vathukkal, Choozhattukotta, Malayam P O, TVM.
Contact number	8289861707, 8714726669.
E - Mail ID	haridathans2002@gmail.com
Roll number of the student	TRV21EC029 (admn no: 220042)
Course & Year of study	BTech, ECE, 3 rd Year
College (in which the student is studying)	College of Engineering, Tiruvandur
Requested Internship duration (max 6 months)	From: 18-6-24 To: 18-12-24
Signature of the student	

CONSENT/BONAFIDE LETTER FROM THE COLLEGE SHOULD BE ATTACHED

RECOMMENDATION OF THE PROJECT CO - ORDINATOR

Project Title	
Name & Signature of the Mentor	
Name of the Coordinator	
Signature of the Head of the Department	

Note: Request received without the consent letter from the college will not be processed