

இந்திய தகவல் தொழில்நுட்பக் கழகம், திருச்சிராப்பள்ளி भारतीय सूचना प्रौद्योगिकी संस्थान, तिरुचिरापल्ली

INDIAN INSTITUTE OF INFORMATION TECHNOLOGY TIRUCHIRAPPALLI (An Institute of National Importance under MoE, Govt. of India) SETHURAPATTI TRICHY-MADURAL HIGHWAY TIRUCHIRAPPALLI 620012

SETHURAPATTI, TRICHY-MADURAI HIGHWAY, TIRUCHIRAPPALLI 620012 **Website:** www.iiitt.ac.in **Mail id:** office@iiitt.ac.in **Mobile No.:** 9442045851

FORM-3

NO DUES CERTIFICATE

(FOR REGULAR INTERNSHIP STUDENTS)

Name of the Student (Capital Letters)	:	
Roll. No assigned by the I-Cell	:	
Branch / Specialization	:	
Communication Address (latest home address with Pin Code) & Mobile No.	:	
Library (Dues)	:	Librarian
Dept. laboratory (Dues)	÷	Faculty in Charge
Hostel (Dues)	:	Hostel Warden
Mess (Dues)	:	Mess Warden
Department (Dues)	:	Faculty Supervisor HoD

Date: Signature of the Student



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File No:		Date:			
INTERNSHIP COMPI	LETION CERT	TIFICATE			
This is to certify that Mr./Ms					
student of(College/University Name), has successfully	completed an	internship at th	ne department of		
Information Technology, Tiruchirappalli, from Date).					
During the internship period, the candidate videvelopment, data analysis, system design, res			to [e.g., software		
The performance of the candidate during the Very Good / Good / Satisfactory.	e internship has	been evaluate	ed as Excellent /		
We wish the candidate success in all future ac	ademic and prof	essional endea	vours.		
Faculty Supervisor	Iı	iternship Cell	(i/c)		



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FORM-4

<u>UNDERTAKING FORM – EXTERNAL INTERNSHIP</u>

I,	<name></name>	<roll no.="">, a</roll>
semester student of the departmen	at of ECE/CSE at IIIT Tiruchira	appalli, hereby undertake that
I am voluntarily opting to pursue a	an External internship of a min	nimum duration of 6/8 weeks,
offered by		
(Industry / Academic Institution	(IISc/IITs/NITs), Research O	rganizations (ISRO, DRDO,
CSIR, etc)) located at		
(Location) from	(Start Date) to	(End Date).
Internship Domain:		
Tentative Title:		
I hereby declare the following:		
• I hereby assure that I will pl	hysically attend the internship	at the mentioned Industry /
Academic Institution.		
• I hereby undertake to strictly	y adhere to all the policies, ir	nstructions, and discipline of
both IIITT and the host organ	nization. I understand that any	violation may lead to discip-
linary action.		
In case of any query or concern	related to my internship, the I	HoD may contact my mentor
	<pre><mentor name=""> ov</mentor></pre>	er phone
<pre><phone no=""> or through email</phone></pre>		<email id=""> at any point</email>
of time.		
	Sign	ature of the Candidate
Date:		
Place:		

<Company/Institute/Organization Letter Head>

INTERNSHIP COMPLETION CERTIFICATE

<For Internal and External internship for IIITT students>

To whomsoever it may concern

This is to	certify that	Mr. / Ms.			<	name>, Roll	No.
	, a	semester UG	PG student of II	IT Tirucl	nirappa	lli, has compl	leted
internship	in our	company/Inst	itute/organization	under	the	supervision	of
			(Name),			(Designa	tion)
from	to _		_ in the domain of _				·
Title of the	work done is						
During this	internship pe	eriod, the stude	nt earned % of	f attendan	ce. His	/ Her Conduct	and
Character a	re						

Signature of the HR/ Mentor/Supervisor

(with the seal of the organization)