

**HUMAN RESOURCE DEVELOPMENT DIVISION
VIKRAM SARABHAI SPACE CENTRE
THIRUVANANTHAPURAM**

**Application for VSSC Internship scheme
Slot Period: 01/05/2025 to 31/07/2025**

Application No : **2025-S1-P-B-20310**

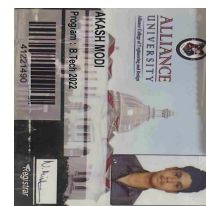
Name of Applicant	:	Akash
Name of Parent/Spouse	:	Babu
Address	:	VNR PG for boys, Chikka hagede, Chandapura anekal main road, anekal, Bengaluru, karnataka, 562106
District	:	Bengaluru
State	:	Karnataka
Pin Code	:	562106
Phone No.	:	7892077028
Email ID	:	bakashbtech22@ced.alliance.edu.in
Name of the Course	:	B.Tech
Discipline/ Branch/ Specialization	:	Computer Science & Engg.
Status of course	:	Pursuing
Current semester/year	:	Semester - 6
Duration of Course	:	December-2022 to April-2026
Name of College/Institution	:	Alliance college of engineering and design Alliance university, Chikka hagede, anekal
Address of College/Institution	:	Bengaluru karnataka 562106
Name of University	:	Alliance University
Preferred date of Commencement of Internship	:	09/06/2025 to 23/07/2025
Duration of Internship	:	45 days
Have you carried out internship in any ISRO centres as part of this degree	:	No
Relevant information, if any	:	NA

DECLARATION BY THE STUDENT

I, **Akash** hereby declare that I am an Indian citizen and **Pursuing, B.Tech in Computer Science & Engg.** from **Alliance college of engineering and design, Alliance University**. If selected for Internship in VSSC, I agree to abide all conditions stipulated by VSSC/ISRO and declare that I will not present/publish/submit any part or full portion of the internship report, data or any other details of the work carried out by me in VSSC/ISRO, in any conference/seminar/workshop/journal/book etc. either in print or in electronic media, without the prior permission of VSSC Guide and approval from concerned Entity/Project Chief.

I also declare that I have not carried out any Internship in ISRO previously as part of this degree.

Scanned copy of College ID Card :



Date: **16/03/2025**

Signature of student:

Conduct and Character of the Student :

Details of Academic Performance :

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Date : _____ Name : _____

Phone No. (Tel/Mobile) :

Email ID :