



SUMMER INTERNSHIP

Undertaking from Student & Parent

I, Korada Kiran Ganesh , S/O, Korada Ramesh , bearing Registration No., 21L31A05P6 from the department of CSE , here with declare that I accept and agree to all the terms and conditions specified for the respective internship program for which I would like to give my consent for this exclusive Internship/Certification/Placement Program as per the norms and agreed terms of the Organization.

I assure you that I will not be directly or indirectly involved in any of the situations that may interfere with the Code of Conduct specified by the institute/industry/Organization either within or outside the organization during the period of my internship.

During the internship, if anything happens to me either within or outside the organization, Vignan's Institute of Information and Technology (A) is not responsible and I take the sole responsibility in this regard.

Note: Ensuring 95% attendance throughout the internship program.

Date:15-05-2023

Student Signature:

Parent Signature: