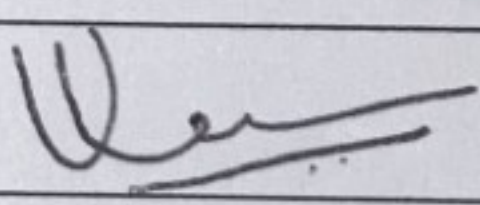
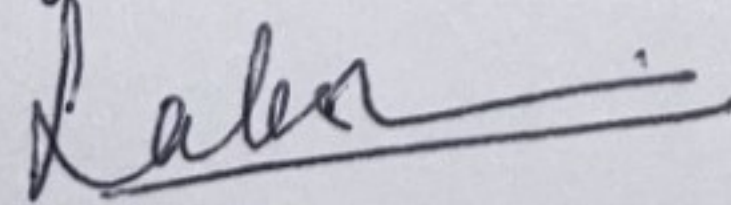
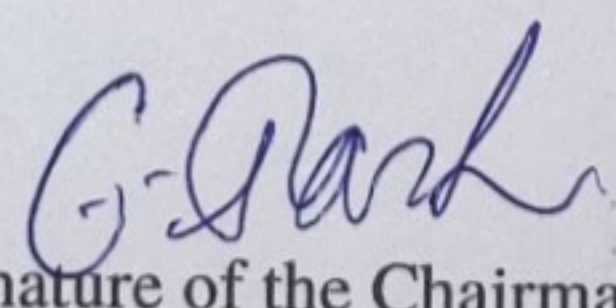
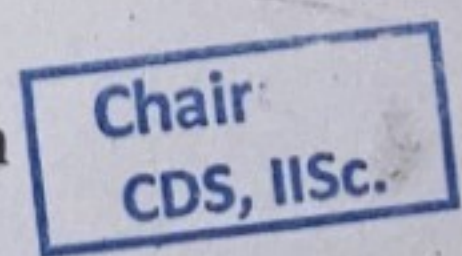


INDIAN INSTITUTE OF SCIENCE, BANGALORE 560 012

REQUEST FOR APPROVAL FOR UNDERTAKING
INTERNSHIP/COLLABORATIVE RESEARCH WORK

BACKGROUND INFORMATION

Name of student and SR No.	SHESHAORI K R, (16336)
Date of joining / Dept/ Degree	Aug 2018 / CDS / PhD
Name of Guide	Dr. J. LAKSHMI
Date of C.E./GT if completed	17 - NOV - 2020
Probable date of submission of thesis	DECEMBER 2023
Have you undertaken internship/collaborative work earlier? If yes, provide details	Yes/No ✓
Details for which approval is sought	Internship/collaborative work ✓
Name of the University/Laboratory (Invitation to be attached)	ERICSSON RESEARCH
Request period of leave with dates	19-JUN-2023 TO 19-SEP-2023
Date: 19-MAY-2023	Signature of the student 
Recommendation of the Department	
1. Is the work part of a collaborative effort? 2. Will the work be directly relevant to thesis/project? 3. Remarks if any: Exposure to upcoming technologies relevant to his work. Signature of the Guide/s 	Yes/No Yes/No  Signature of the Chairman 
Deans W/c For kind approval to grant permission/place before the SCRC	
DEANS ORDERS	Deputy Registrar (Academic) Signature of the Deans