

## भारतीयप्रौद्योगिकी संस्थान रोपड़

## INDIAN INSTITUTE OF TECHNOLOGY ROPAR

नंगल मार्ग,रूपनगर,पंजाब-140001 / Nangal Road, Rupnagar, Punjab-140001 दूरभाष/Tele:+91-1881-227088, फ़ेक्स/Fax: +91-1881-223395

SummerInternship Application Form-2018

Application Date: 26.0	3.2018				
1)Name of the Applicant	AARADHANA PATNAIK				
2) Providing Department / School/Center	DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING, IIT. ROPAR.				
3) Research Topic	CRYPTOGRAPHY				
4) Duration	Start Date: 21.05.2018 End Date: 16.07.2018				
5) Supervisor's Name	DR. SUDARSHAN IYENGAR				
6) Source of fellowship	INDIAN ACADEMY OF SCIENCES (IAS.)				
7) Tenure of fellowship	56 DAYS				
8) Amount per month	₹ 10,000 /-				
9) Name & Address of the Institution/ University	VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURIA, ODISHA				
10) Department	COMPUTER SCIENCE AND ENGINEERING.				
11) Degree Pursuing	B.TECH				
12) Programme Duration	4 YEARS.				
13) Subject Specialization (if any)	N.A.				
14) Category (General/OBC/SC/ST)	GENERAL				
15) Gender	FEMALE				
16) Mother's Name	PREETILATA PATNAIK .				
17) Father's Name	MANOJ KUMAR PATNAIK				
18) Religion	HINDUISM				
19) Marital Status	UNMARRIED				
20) If Person with Disabilit	y: N.A·				
21) Type of disability	N.A.				
22) Address Details	Address for Correspondence PLOT NO.16, ROAD NO.6, JAGANNATH NAGAR, P.O. GGP COLONY, PIN-75102S, BHUBANESWAR, ODISHA.  Permanent Address PLOT NO.16, ROAD NO.6, JAGANNATH NAGAR, P.O. GGP COLONY, PIN-75102S, BHUBANESWAR, ODISHA.				

Examination Passed	Board/University	Year	Subjects/ Discipline/ Specialization	Division/ Class	%Marks / CGPA / Equivalent
10 <sup>th</sup>	CBSE	2014	English , Mathematics, Science , Social Science Sanskrit	1 <sup>st</sup>	10.0 (CGPA).
10+2	CBSE	2016	English, Mathematics, Physics, Chemistry, Computer Science	1 <sup>st-</sup>	94.8%
25) Publication i	in referred Journals (i	f any):	N.A.		
			e,3.Bonafide Certificate,4.Ider	ntity Card	
27) Health Decla					
•			been currently undergoing any	medical treatm	ent/been
			ay affect your studies? No ·		
		g or persis	stent) medical condition that re	equires treatme	nt or
medication? No		o intomal	nip period will be borne by the	amdidata him	nalf/hamnalf
•	at expenses during in ot be responsible tow			санашие тт	seij/nerseij.
			rs to supervisor before due date	e	

•Mobile No.: 9861419091

Place: Burla.

Date: 26.03.2018

Aaradhana Palūaik Signature of the Applicant

Contact no. of parent with STD

Sign and Scan Application.
Send It To Your Supervisor Before Due Date with Attachments (S. No. 26)

For Office Use

Category:

Remarks, if any:

Signature of Supervisor with Date

Department/Center