



**M.Kumarasamy**  
College of Engineering

NAAC Accredited Autonomous Institution

Approved by AICTE & Affiliated to Anna University

ISO 9001:2015 Certified Institution

Thalavapalayam, Karur, Tamilnadu.



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## INTERNSHIP APPROVAL FORM

Ref no: MKCE/T&P/INTERN/DEPT

/No.

Date:

NAME (in block letters)	1. 2. 1. 2.	3.	
	B.E/B.Tech	4.	
REG NO		3.	
		4.	
DEGREE (please tick the appropriate box)	<input type="checkbox"/>	M.E <input type="checkbox"/>	MCA <input type="checkbox"/> MBA <input type="checkbox"/>
BRANCH		YEAR/SEM	
CGPA	1. 2. 1. 2.	3. 4. 3. 4.	
	NAME:	DEPT:	
MOBILE NO	DESIGNATION:	MOBILE NO:	
INTERNAL GUIDE			
COMPANY/INDUSTRY NAME WITH ADDRESS (proposed for internship)			
COMPANY CONTACT PERSON	NAME:	EMAIL ID:	
	DESIGNATION:	MOBILE NO:	
Stipend (Yes/No)		(if yes, Rs. _____ /month)	
TRAINING DOMAIN			
DURATION OF INTERNSHIP	FROM : ____ / ____ / ____	TO : ____ / ____ / ____	
SIGNATURE OF THE STUDENTS	1.	3. 4.	
	2.	CLASS ADVISOR	
SIGNATURE WITH DATE	INTERNAL GUIDE		

HOD/DEAN	PLACEMENT OFFICER	PRINCIPAL

Note :

☐ Permission letter from company is mandatory with this form

Department staff coordinators are requested to collect the Attendance sheet & internship report post to the internship