

IKG PTU Main Campus

राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर हमीरपुर (हि.प्र.) — 177 005 (मारत) [भारत सरकार रिक्षा नंत्राज्य के सहत एक राष्ट्रीय महस्य का संस्थान] NATIONAL INSTITUTE OF TECHNOLOGY HAMIRPUR HAMIRPUR (H.P.) - 177 005 (INDIA) [An institute of National Importance under Ministry of Education (Shiksha Mantralaya)]

{OFFICE OF TRAINING & PLACEMENT}

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		UG Tra	ining/Internship R	======================================	=======================================	==
			(For External Students of	equest Form		
1.	Particular	s of Applicant	to exertin statems o	nty)		
	Name:	axmikant Saras	wat			
	Father's N	ame: Ashok So	well to		(A)	
	D.O.B. of (Candidate: 28-11-	2001			
	Ivaille OI b	ranch at UG/PG Level	Manuel Com DC	atau ia		
		an entre contege/ IIIsulule M	niab Technical Uni.	gineering		
Co			Dormanant	Address		
	Jok. G	ryral Punjab Tec	hours!	d (10 , 12		
	149 60	ity. Kaparinala	Chpu	dhary colony Li	untarancur	
Mobile I	No. 95115	06049	- Bika	aner 1	Phone No. 9511	506049
		00049	E-mail: 19xmika	intsarswat no7	@gmail.com	
2.	Qualificati	ons (10+2 onwards till ou	rrent stage) (Proof to be a			
	Sr. No.	Class/Year/Semester	Institute/University		-	
		- Soly Selliester	mstitute/ oniversity	Academic Year	Percentage/Grade	
				Completed	upto last semester	
	1	Botech (5th sem)	IKGPTU	2010-1002	appeared	
	2	Botech (4th Sem)	TKGPTU	2012-1023	9.22 GCTPA	
	3	Botech (3rd sem)	TEGPTU	2021-2022	7.95 SGPA	
	4	10+2	TALL Ochagos	2000	8.48 CAPA	
3.	Name of th	ne Department/Centre w	here Training/Internship is	s to he undertaken: Co	91.28/1	
	• W	hether Applying under pr	rojects floated by the dep	artment:	suena suena a E	ngineering
	. If yes, Name of project: Hate speech Identification, falk information identification					
	• If	No, then areas/domain o	f interest _		Digo on leavil	19001011
			/ Internship from June	23 to July 2	No. of Weeks:	-9 weeks
5.		ostel required :Yes/No		J		
		o availability of accommo	THE RESIDENCE OF THE PARTY OF T	- 10		
			ire required for training (if	any) NO .		
7.		aculty mentor if consent	was taken earlier:			
	(Proof to I	be attached)				
I shall a	bide by all i	rules & regulations of N	IT Hamirpur (HP) during	my stay in the Institu	ite.	
	brend 10				. 1	lar DI.
Signatu	re of Candi	date with date 12-0	4-2023	- 0.	a samuraled i	a tiente
		·,·····		- Kel	commeded f	old.
	Recomm	nended/ Not-Recomme	ended		. 0	
	- 31	W.		Training Coo	rdinator	
		(With seal)		(NCD	pttCSE)	
The reco	ord to be main	itained in Department)		(Name of De	ptt)	



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Annexure-IV

(OFFICE OF TRAINING & PLACEMENT)

UNDERTAKING

I Laxmikant Saraswat S/O/D/O Ashok Saraswat pursuing BoTech - CSE (course name) from IKGIPIV Kapur-thala 144603 (Institute/University), wish to undertake training/internship at computer science Engi (Department) of National Institute of Technology, Hamirpur (H.P.) from June 23 to July 23.
1. I undertake that I will be governed by the rules and regulations of the Institute and will be under administrative control of the Institute for the duration of the internship.
2. I will utilize the basic infrastructure, Department Laboratory and other resources of Institute with all responsibilities at my cost and only with the permission of concerned Head of Department.
3. Any damage caused to Institute property from my end will lead to the termination of my Training/Internship and will bereimbursed by me.
4.I will make own arrangements for accommodation and local transport. NIT Hamirpur will not be responsible for injury, if any, caused during the course of my Training/Internship.
(Signature of Trainee with name):
Address: Ward NO. 12 Choudhard. Colony Lunkaransar, Bilcanor. 334603. (Rajasthan).
Phone No.: .95.1.1 5 0 6 0 4 9 Signature of Head of Institute/Deptt. Department of Computer Science & Computer & Comp
Seal of the Institution: Seal of the Institution: (With Name and Address) In Carripus ***********************************

The candidate has reported to the department on.....

Mr/Msis assigned Trainee/Intern No:.....

Training Coordinator Signature of HOD (with seal) (The record to be maintained in Department)

Office Use:

(Name of Deptt.....)