CHAITANYA BHARTHI INSTITUTE OF TECHNOLOGY (AUTONOMOUS ),

HYDERABAD-75

**STUDENT INTERNSHIP PROGRAM APPLICATION FORM (IAP-101)**

**Academic Year**: 2023-24

Date: 29-11-2023

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| --- | --- | --- | --- |
| Student Name | Murakonda Sai Prasad |  |  |
| Roll No. | 160121737188 | Program Type | UG |
| Discipline | BE-IT |  |  |
| Email ID | [190190sai@gmail.com](mailto:190190sai@gmail.com) | Student Contact No. | 6303138084 |
| Current Overall CGPA | 9.18 | Current Semester | V |
| Faculty Mentor Name | Ms.T.Madhuri | Mentor’s Designation | Assistant Professor |
| Mentor’s Email ID | [tmadhuri\_it@cbit.ac.in](mailto:tmadhuri_it@cbit.ac.in) | Mentor’s Contact No. | 8985549671 |
| **Internship Preferences** | | | |
| Preference | Industry Sector | Location | Dream Company  /Institution |
| Preference-1 | Software | Hyderabad | Codegnan IT Solutions |
| Preference-2 |  |  |  |
| Preference-3 |  |  |  |

Faculty Signature: Date: Place: Hyderabad

(This Signature confirms that the student has attended the internship orientation and has met all paperwork and process requirements to participate in the internship program and has received approval for internship from his/her Advisor).

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Student Signature: Date: 29-11-2023 Place: Hyderabad

(This Signature confirms that the student agrees to the terms, conditions, and requirements of the Internship Program.)

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