



Indian Institute of Technology Guwahati

Office of the Dean of Academic Affairs

APPLICATION FOR SUMMER INTERNSHIP ABROAD

	DD	MM	YY
Date			

Name of the student: (In Capital Letter)		Roll:	
Programme (BTech/BDes):		Semester:	
CPI:			
Backlog courses if any:			
Address in IIT Guwahati:	Hostel:	Room:	
Email	Mobile number:		

DETAILS OF INTERNSHIP

Name of the Institution to be visited:		
Name of the Host Professor/Scientist		
Address of the Host Professor:		
Department:		
Street:	City:	
Country:	Zip code:	
Email:	Telephone:	Fax:

Period of internship: From/May/2015 to /July/2015.

Declaration: I shall be available in the campus on 23 July 2015 for registration for the next semester on 24 July and 27 July 2015.

Signature of the student with date

Application (tick one)		Signature of the Secretary DUPC	
Recommended	Not-recommended	Name:	
		Date:	

For Office use only (Academic)

• Assistant	• Academic Registrar	• ADOAA/DOAA
-------------	----------------------	--------------