



**APPLICATION FOR OBSERVERSHIP/INTERNSHIP/
PROJECT WORK/TRAINING PROGRAMS**

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|-------|---|---|
| 1. | Name in CAPITAL letters | |
| 2. | Course applied for (specify Observership/Internship/Project work/Training program) | |
| 3. | Permanent address | |
| 4. | Present address with valid mobile number and email ID | Mob No..... Email ID..... |
| 5. | Name of the course (doing/completed) | |
| 6. | Specify whether presently employed or not | |
| 7. | Name,address, email ID and Phone number of the Institute presently doing the course/ job. | Phone No..... Email ID..... |
| 8. | Specify the period and date of the program |days/week(s)/month(s) From/...../..... to/...../..... |
| 9. | Specify the name of Faculty member and Department in which Observership/ Internship/ Project work /training required. <i>(It is advised to have preliminary discussion with the faculty member (list available in the website) for the feasibility to do Internship/project work/training)</i> | Name of faculty member: Name of Department: |
| Date: | | Signature of the Candidate: |

CERTIFICATE

(applicable for students)

This is to certify that Mr./Ms..... is a bonafide student of our Institute and is a part of their study and it is compulsory to complete their present course.

**Name, Signature and seal of the
Principal/Head of the Institute**

Date: (office seal)

CERTIFICATE

(applicable for candidates those who are presently working)

This is to certify that is an employee of this Institute and we have no objection in him/her for attending the observership/internship/project work/training program for the period as mentioned above.

**Name, Signature and seal
of the present Employer**

Date: (office seal)

For Office Use only

Forwarded to..... for comments and slot allotment. Please specify the cost of the training program also. (applicable only for **training** program).

Registrar/Deputy Registrar

The slot for the above observership/internship/ Project work/Training program is available in the Division/lab from to

Signature of Supervisor:

Signature of HoD

Comments and Signature of Head BMT Wing (if program is at BMT Wing):

Division of Academic Affairs

The period of Observership/internship/project work/ training program slot allotted:

AAO (Academic)

Comments of the Registrar :

Approved/Not Approved

DEAN

- Attach one page CV and 250 words write up about the internship/project work/training program
- The application must reach the Division of Academic Affairs (DAA), SCTIMST at least one month prior to the commencement of the program.

Routing: Completed application by the College/institute→DAA, SCTIMST→Lab in charge→Head of Dept.→Head BMT Wing (if program is at BMT wing)/→DAA→Registrar→Dean→DAA→Response to the head of College/institute.