



Consent form for taking up Summer Internship (May-July)

Name:

S.R. No:

Date of Joining:

CGPA (till now):

Program: M.Tech. / M.Tech. (Research)

Internship Year:

Dissertation/Research Advisor:

I will fulfill all the institute regulations while taking up the summer internship for the months May-July

Student Signature with date

As a Dissertation/Research Advisor, I give consent for the student to take up the summer internship for the months May-July

Dissertation/Research Advisor Signature with date