

INDIAN INSTITUTE OF SCIENCE, BANGALORE 560 012

**REQUEST FOR APPROVAL FOR UNDERTAKING
INTERNSHIP/COLLABORATIVE RESEARCH WORK**

BACKGROUND INFORMATION

Name of student and SR No.	
Date of joining / Dept/ Degree	
Name of Guide	
Date of C.E./GT if completed	
Probable date of submission of thesis	
Have you undertaken internship/collaborative work earlier? If yes, provide details	Yes/No
Details for which approval is sought	Internship/collaborative work
Name of the University/Laboratory (Invitation to be attached)	
Request period of leave with dates	
Date:	Signature of the student
Recommendation of the Department	
1. Is the work part of a collaborative effort? 2. Will the work be directly relevant to thesis/project? 3. Remarks if any:	Yes / No Yes/No
Signature of the Guide/s	Signature of the Chairman
Deans W/c For kind approval to grant permission/place before the SCRC	
	Deputy Registrar (Academic)
DEANS ORDERS	Signature of the Deans