

Patliputra University, Patna
Internship Consent and Information Form

To be filled by students and submitted to their concerned departments :

College Name:	
Department:	

1. Student Personal Information

Name:	
Gender: () Male () Female	
Parent/Guardian Name:	
Roll No. / Enrollment No.:	
Class / Semester:	
Contact Number:	
Email ID:	

2. Internship Details

Name of Organization/Firm:	
Organization Registration Number:	
Organization Address:	
Organization Contact Number:	
Internship Start Date:	
Internship End Date:	
Total Duration (in hours):	

3. Emergency Contact Details

Name:	
Contact Number:	
Relation:	

4. Student Declaration

I hereby declare that —

1. The above information provided by me is true to the best of my knowledge.
2. I will keep my department/college informed and follow all rules and regulations of the organization during the internship.
3. I understand that internship is part of my academic curriculum and I will complete it on time and submit the report.
4. In case of any incident/accident during the internship, I will not hold the college/department responsible.

Student Signature: _____

Date: _____

5. Department Approval (For Office Use Only)

Head of Department/Principal/NEP Coordinator Signature & Seal: _____

Approval Date: _____