



Training/ Internship Request Form

(For External Students only)

1. Particulars of Applicant

Name: _____

Father's Name: _____

D.O.B. of Candidate: _____

Name of Branch at UG/PG Level _____

Name of parent college/Institute _____

Correspondence Address:

Permanent Address:

_____ Phone No _____

Mobile No. _____

E-mail : _____

Paste your
self-attested
good quality
photo here

2. Qualifications (10+2 onwards till current stage) (Proof to be attached)

Sr. No.	Class/Year/Semester	Institute/University	Academic Year Completed	Percentage/Grade upto last semester appeared
1				
2				
3				
4				

3. Name of the Department/Centre where Training/Internship is to be undertaken: _____

- Whether Applying under projects floated by the department:

- If yes, Name of project: _____

- If No, then areas/domain of interest _____

4. Tentative time duration of Training/ Internship from _____ to _____. No. of Weeks:.....

5. Whether Hostel required :Yes/No

(Subject to availability of accommodation)

6. Name of specific equipment/software required for training (if any) _____

7. Name of Faculty mentor if consent was taken earlier: _____

(Proof to be attached)

I shall abide by all rules & regulations of NIT Hamirpur (HP) during my stay in the Institute.

Signature of Candidate with date

Recommended/ Not-Recommended

Signature of HOD (with seal)

(The record to be maintained in Department)

Training Coordinator

(Name of Deptt)



{OFFICE OF TRAINING & PLACEMENT}

UNDERTAKING

I, _____ S/O/D/O _____ pursuing _____ (course name) from _____ (Institute/University), wish to undertake training/internship at _____ (Department) of National Institute of Technology, Hamirpur (H.P.) from _____ to _____.

1. I undertake that I will be governed by the rules and regulations of the Institute and will be under administrative control of the Institute for the duration of the internship.

2. I will utilize the basic infrastructure, Department Laboratory and other resources of Institute with all responsibilities at my cost and only with the permission of concerned Head of Department.

3. Any damage caused to Institute property from my end will lead to the termination of my Training/Internship and will be reimbursed by me.

4. I will make own arrangements for accommodation and local transport. NIT Hamirpur will not be responsible for injury, if any, caused during the course of my Training/Internship.

(Signature of Trainee with name):

Address: _____

Phone No.:

Signature of Head of Institute/Deptt.

Seal of the Institution: _____
(With Name and Address)

Office Use:

The candidate has reported to the department on.....

Mr/Ms.....is assigned Trainee/Intern No.:

Training Coordinator

Signature of HOD (with seal)

(The record to be maintained in Department)

(Name of Deptt.....)