

## राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर

हमीरपुर (हि.प्र.) — 177 005 (मारत) [ भारत सरकार शिक्षा मंत्रालय के तहत एक राष्ट्रीय महत्व का संस्थान ]

### NATIONAL INSTITUTE OF TECHNOLOGY HAMIRPUR

HAMIRPUR (H.P.) - 177 005 (INDIA)

[An Institute of National Importance under Ministry of Education (Shiksha Mantralaya)]

Annexure-I

### **{OFFICE OF TRAINING & PLACEMENT}**

=====	======	<u>UG Training/Intern</u>		=====	
A T	Dantiani	(For NIT Hamirpa	ur Students only)		
A. <u>I</u>	i.	ars of Applicant: Name:			
	ii.	Father's Name:			
	iii.	Roll No.:			
	iv.	Name of Programme:			
	v.	Department:			
	vi.	Correspondence Address			
			P. 11		
		Mobile No			
	vii. N	ame of the Company			
	viii. A	area of Training/Internship:	Mode		
	ix. Ti	ime duration of training from	_toNo. of weeks		
	x. W	hether Training /Internship obtained Through	h:		
	(;	a) Training /internship drive conducted by Tl	PO Cell		
	(1	b) Self-managed:			
	xi. In	case of paid internship, amount of stipend:			
В. <u>І</u>	Recomn	nendation from concerned Deptt.	(Signature of student with	(date)	
	Rem	arks:			
			Training Coordinator (Name of Deptt)		
	HOD		(rume of Deptermination)		
	(Nam	e of Deptt)			
С. <u>н</u>	Recomm	endation from FI (Training)			
Re	marks:				
	Date	<b>:</b>	FI( Training ) NIT, Hamirpur (HP)-177001		



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**{OFFICE OF TRAINING & PLACEMENT}** 

Annexure-II

	PG Training/Internship Request Form	2
A I	(For NIT Hamirpur Students only) Particulars of Applicant	
A. <u>1</u>	articulars of Applicant	
i.	Name:	
ii.	Father's Name:	
iii.	Roll No.:	РНОТО
iv.	Department : CGPA (up to 2 <sup>nd</sup> Semester) of Programme.	
v.		
vi.	Correspondence Address:	
	Mobile NoE mail:	
vii.	Name of the Company:	_
viii.	Area of Training /Internship:	Mode:
ix.	Time duration of training from:to	_
<i>x</i> .	Whether Training/Internship is part of Academic Structure: (State Y	(es/No)?
xi.	Undertaking(Applicable in case of Training/Internship is not part of	
	I hereby undertake the following (Strike off whatever is not applicab	ole):
c	o. That the work undertaken as part of internship will not have any converted work to be Submitted as part of academic requirement of NIT Hamiry.  That I shall have no claim/certification from the institute for the internorm.  OR	conflict of interest with the dissertation pur (HP).
•	d. The above undertaking clauses (a-c) are not applicable for my case.	
Recomm	nendation of Supervisor	
Remarks	:	Signature of student with date
		Signature of Supervisor with date
<u>F</u>	Recommendation from concerned Deptt.	Section of Super Lagor Williams
F	Remarks:	
Signatur	re of Head of Department with date	
	Recommendation from FI (Training)	
Remar	·ks:	
		FI (Training) NIT Hamirpur (HP)-177005



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Annexure-III

		<u>UG 1</u>	<u>raining/Internship</u>		
			(For External Student	s only)	Pasto your
		rs of Applicant			Paste your
Na -	ame:				self-attested
					good quality
					photo here
					prioto nere
		nce Address:		nt Address:	
-				L	
			<u> </u>		Phone No
bile No			E-mail :		
2. Qu	alificat		current stage) (Proof to b		
Sr. N	lo.	Class/Year/Semester	Institute/University	Academic Year	Percentage/Grade
				Completed	upto last semester
					appeared
	1				
	2				
	3				
	4				
3. Na		•	where Training/Internsh	•	<u> </u>
			r projects floated by the d	-	
		yes, Name of project:			
	• If	No, then areas/domai	n of interest		
4 Ter	ntative	time duration of Train	ing/ Internship from	to	No. of Weeks:
		Hostel required :Yes/No		to	
		to availability of accom			
=	-	•	ware required for training	g (if anv)	
		aculty mentor if conse	•	5 (··· •··· //	
		be attached)			
•		•	f NIT Hamiraur (HD) duri	ina mustavin tha Ina	+:++
iaii abiut	: uy all	rules & regulations 0	f NIT Hamirpur (HP) duri	ing my stay in the ins	uitule.
nature of	f Cand	idate with date			
F	Recom	mended/ Not-Recom	mended		7
4	_ £ TTA	D (!4] 1)		Training (	Coordinator
_		D (with seal)		/AT C	D- ::#
he record to	s he mai	intained in Department)		(Name of	Deptt



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Annexure-IV

\_(course

### **{OFFICE OF TRAINING & PLACEMENT}**

\_\_\_\_\_S/O/D/O \_\_\_\_\_pursuing \_\_\_\_

\_\_\_\_\_\_

UNDERTAKIN	G
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name) from	(Institute/University), wish to undertake
training/internship at	(Department) of National Institute of Technology, Hamirpur
(H.P.) fromto	
1. I undertake that I will be governed by the ru of the Institute for the duration of the internship	les and regulations of the Institute and will be under administrative control o.
2. I will utilize the basic infrastructure, Depart my cost and only with the permission of concern	ment Laboratory and other resources of Institute with all responsibilities at med Head of Department.
3. Any damage caused to Institute property will bereimbursed by me.	from my end will lead to the termination of my Training/Internship and
4.I will make own arrangements for accommodif any, caused during the course of my Training	dation and local transport. NIT Hamirpur will not be responsible for injury, y/Internship.
(Signature of Trainee with name ):	
Address:	
Phone No.:	
Signature of Head of Institute/Deptt.	
Seal of the Institution:	****************
Office Use:	
The candidate has reported to the department o	n
Mr/Ms	is assigned Trainee/Intern No:
Training Coordinator Signature of HOD (with seal) (The record to be maintained in Department)	(Name of Deptt)



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Annexure-V

_	LIST OF SELECTED CANDIDATES							
То	0							
	The Faculty Incharge (Training & Placement) National Institute of Technology Hamirpur-177 005 (H.P)							
Subject	t: List of selected ca	andidates for Inte	ernship /Training	in Deptt. of _				
the Ode	Following is the d Semester/Even S		s selected for inte or Vacations for th			for internship		_
S.No.	Name	Mail ID	Parent Institute	Title of Project	Assigned Mentor(s)	Address of Stay	Mode of Training/ Internship	

Signature		
(Training Coordinator)	:	
,		Signature of HOD of concerned Dept
		(With Seal



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## TRAINING/INTERNSHIP CERTIFICATE

This is to certify that Mr./Ms(Name of Candidate)	student
of	(Name of
Institute)	rnship from the
Department/Centre of(Name of Department/Centre)	of
National Institute of Technology Hamirpur	(HP) w.e.f.
to	
The performance of the candidate has been found to be satisfraining/Internship period.	sfactory during the
Project Title	
	FI (TPO) NIT Hamirpur (HP)



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=								
	Honorarium Claim Form							
1) 2) 3) 4) 5)	<ul> <li>2) Designation:</li> <li>3) Department:</li> <li>4) No. of Training/Internship students mentored/Assisted :</li> </ul>							
	Sr.No.	Name of student	Name of Program	Name of Institution/College	Duration of Training/Internship	Fee Paid		
		Student	Fiografii	mstitution/College	Training/internship	Faiu		
6)	Honorar	inm claimed.						
<u>Unc</u>	6) Honorarium claimed: <u>Undertaking:</u> It is certified that above details are correct to the best of my knowledge and in case of any extra payment, I shall be liable to return the extra payment.							
					Signature	of claimant		
Verified by: HOD Deptt.								
	(For use of Account Deptt.)							
Sanctioned and Passed for Rs								
	(Rupeesonly).							

Dealing Astt. Suptd.(Accounts) AR (A&F) Registrar NIT Hamirpur