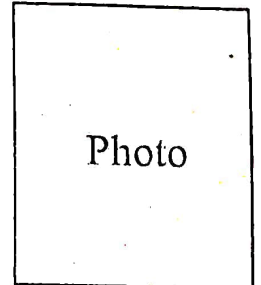


## Appendix-I

### Application for Internship Programme

1. Name of Student:
2. Fathers Name:
3. Class/Semester:
4. Programme of Admission:
5. Session:
6. College Roll No:
7. University Roll No:
8. Students Id:
9. Mobile No:
10. Email Id:
11. Address:
12. Period of Internship (Months and session):
13. Internship Preferences:



	Core-Area	Organization	Location
(i)			
(ii)			
(iii)			
(iv)			

Signature of the Student

Appendix-II

Recommendation Letter from Institute to Internship Providing Organization

To

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.....

.....

**Subject: Request for 04/06 Weeks Internship of Undergraduate Students**

Dear Sir/Madar

It is to inform you that NEP-2020 has made internship mandatory for all undergraduate students. Accordingly, many students have shown their interest in doing their internship at your organization as being important and impactful.

I request your good self to allow our following students for internship in your organization:

S. No.	Name	Roll No.	Year	Discipline

Kindly accord your permission and convey your consent in the format of Appendix III at the earliest. It will be appreciable if one-week time is given for students to join training after confirmation.

A line of confirmation will be highly appreciated.

Yours sincerely

Internship Coordinator/Supervisor

Appendix-III

Consent of Internship Mentor

I (Name)..... having designation ..... in the organization ..... hereby extend my consent to allow the student ..... of Class.....  
...Roll No. ....of Department/College/Institute/ to do the internship in the area of ..... in this organization during the period .....  
Mr./Ms./Mrs. .... or myself will act as an Internship Mentor.

Signature

Name:

Designation:

Address:

Email:

Mobile:



Seal of the Organization

**OFFICE OF THE PRINCIPAL CBL GOVT COLLEGE BALSAMAND (HISAR)**

**Parents' undertaking for internship**

Students details:- .....

Name of student :- .....

Course:- .....

Session :- .....

Mobile No. :- .....

I do hereby give my consent to my ward .....  
to undertake internship training at .....  
for ( 4 to 6 weeks/120 hrs) w.e.f.....

I am aware that my ward would be staying on his/her own and I shall not hold the college responsible for any untoward incident during his/her outstation internship.

Sign of Parent/Guardian

Parents/Guardians details

Name of Parent/Guardian:-.....

Relationship with student:-.....

Mobile no.:-.....

Signature:-.....