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: _____

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5. Department Approval (For Office Use Only)

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

Approval Date: _____

GYANODAYA SEVA SAMITI, PATNA

Registered under SR Act 21, 1860; F.C.R.A. 1976, U/S 12(A), 80G of I.T. Act 1961

Registration no. 344/89-90

Central Office: S.N. Memorial School (Premises), New Jaganpura, Patna

Registration form

1. Name:
2. Gender:
3. Date of Birth:
4. Parent/Guardian Name:
5. Permanent Address:
6. Contact Number:
7. Email ID:
8. Aadhaar No.
9. College Name:
10. Department:
11. University Roll No./Enrollment No.:
12. Class/Semester:

Acknowledgement

Candidate name: **College name:**

Department: **Roll no.**

has been registered for the internship on **under the aegis**

of the NGO "Gyanodaya Seva Samiti".

Secretary
Gyanodaya Seva Samiti, Patna