



Internship Application Form for UG 4th Semester
Kumar Bhaskar Varma Sanskrit and Ancient Studies University, Nalbari

Department of _____

1. Student Details

Name of the Student: _____

University Roll Number: _____

Department (Major): _____

Contact Number: _____

Email ID: _____

2. Internship Organization Details

Name of the Organization: _____

Address of the Organization: _____

Type of Organization (Govt./Private/NGO/Others): _____

Name & Designation of the Supervisor: _____

Contact Number of the Supervisor: _____

Email ID of the Supervisor: _____

Proposed Internship Start Date: _____

Proposed Internship End Date: _____

Total Working Hours/Working
Hours per Week: _____

Brief Description of Internship Activities: _____

3. Declaration by the Student

I hereby declare that the above information is true and correct to the best of my knowledge. I will abide by the rules and regulations of Kumar Bhaskar Varma Sanskrit and Ancient Studies University and the host organization during the internship.

Date: _____ Signature of the Student: _____

4. Recommendation by Faculty Mentor/Internship Coordinator

The student is permitted to undertake the above internship.

Name: _____

Designation: _____

Signature with Date: _____

5. Approval by Head of the Department

Approved / Not Approved

(Comments, if any): _____

Signature with Seal: _____

Date: _____