

S. B. COLLEGE, ARA

Internship Consent and Information Form

To be filled by students and submitted to their concerned departments:

1. Student Personal Information

College Name:	
Department:	
Name:	
Gender: () Male () Female	
Parent/Guardian Name:	
University Roll No. / Registration No.:	
Session & 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 organisation 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 (**on the basis of daily activities logbook maintained during internship by the students**).
4. In case of any incident/accident during the internship, I will not hold the college/department responsible.

Student Signature: _____ Parent's Signature _____

Date: _____

5. Department Approval (For Office Use Only)

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

S. B. COLLEGE, ARA
Attendance Logbook of Internship
(To be submitted by Intern)

- 1. Name of the Intern :**
- 2. Department :**
- 3. Academic Programme (FYUGP) :**
- 4. Semester :**
- 5. Roll Number :**
- 6. Area/Field of Internship :**
- 7. Day-wise attendance :**

[illegible]

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Activity Logbook of Internship
(To be submitted by Intern)

Name of the students:		Academic Programme (FYUGP):	
Department/Subject:		Semester:	
Area/Field of Internship:		Roll Number:	
Address of the IPO/IPE			

Sl. No.	Date	Time duration	Activity performed	Outcome achieved
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S. B. COLLEGE, ARA

Progress Report of Internship (To be submitted by Intern)

- 1. Name of the Intern :**
- 2. Department :**
- 3. Academic Programme (FYUGP) :**
- 4. Semester :**
- 5. Roll Number :**
- 6. Area/Field of Internship :**
- 7. Date of commencement of internship:**
- 8. Progress achieved during the period
(Attachment of separate sheet for works such as
Activity performed, Library consultation, Field visit
Experiments conducted, Seminar/workshop attended,
paper publishing etc. during the period):**
- 9. Date of completion of internship:**
- 10. Leave availed during the period of internship (if any):**
- 11. Scholarship/Stipend received (if any):**

Signature of the Intern with date

The Report is forwarded with approval / recommended for re-submission

Full signature of the Internship Supervisor with date

The report is accepted / recommended for re-submission

Full signature of the Nodal Officer of RDC with Date
