



APPLICATION FOR UNDERGOING INTERNSHIP

*(Passport size
photograph to be
attested by the
authority
concerned)*

1. Name of the Student :
2. Gender :
3. (a) Name of Parent / Guardian :
(b) Address of Parent / Guardian :
- (c) Phone Number of Parent / Guardian :
4. (a) Name & Address of the Institution :
(b) Name of the University :
5. Address for Communication :

Phone No. :
6. (a) Present Programme of Study :
(b) Branch / Discipline :
(c) Duration of Programme :
(d) Present Semester/Year :
(e) Percentage / CGPA (upto the last published result) :
7. Previous Academic Qualification :
8. Type of Internship desired :
9. Previous Internship done (if any)
(a) Title of Internship Work :
(b) Institution where it was carried out :
10. Duration of Internship desired :

Declaration by the Student

I, _____, Son/Daughter of
_____, student of

(Semester/Year)

(name of programme), of _____
(name of College/Institution), residing at

_____, agree to
be governed by the rules and regulations of the Cochin University of Science and Technology and
to abide by them. I shall not use the Internship report/outcome for any paper/journal publication
without due reference and prior concurrence of the Department of Statistics, Cochin University of
Science and Technology.

Date:

(Signature of the Student)

Certification / Undertaking by the College/Institution

I certify that _____ (name of the student), is a bonafide
student of _____

(name of programme and year/semester of study) of the

(name of

the Institution). It is further certified that the students conduct is _____. We have
understood the governing rules and regulations of the Cochin University of Science and Technology
and affirm that the student shall abide by them. It is also noted that the student shall undertake the
internship at his/her own risk and no liability shall be attributed to the Department of Statistics,
Cochin University of Science and Technology.

In case of any damage to property of Cochin University of Science and Technology caused by the
negligence on the part of the student, the loss shall be borne/compensated by our Institution.

(Office Seal)

Signature of the Authority concerned

(For Office Use only)

Name of the Mentor/Guide:

Details of Fee Paid:

Receipt No. & Date	Amount paid