भारतीय प्रौद्योगिकी संस्थान रोपड़

 INDIAN INSTITUTE OF TECHNOLOGY ROPAR

 नंगल मार्ग,रूपनगर,पंजाब-140001 / Nangal Road, Rupnagar, Punjab-140001

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 **Summer Internship Application Form**

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| --- |
| **Applied Date:** |
| 1)Name of the Applicant  |  |
| 2) Providing Department / School |  |
| 3) Research Topic |  |
| 4) Duration |  |
| 5) Supervisor's Name |  |
| 6) Source of finance |  |
| 7) Tenure of finance |  |
| 8) Amount per month |  |
| 9) Name & Address of the Institution/ University |  |
| 12) Department/ School |  |
| 13) Degree Pursuing |  |
| 14) Programme Duration |  |
| 15) Subject Specialization (if any) |  |
| 17) Category (General/OBC/SC/ST) |  |
| 18) Gender |  |
| 19) Mother's Name |  |
| 20) Father's Name |  |
| 23) Nationality |  |
| 24) Religion |  |
| 25) Marital Status |  |
| 26) If Person with Disability: |
| 27) Type of disability |  |
| 28) Address Details | **Address for Correspondence** | **Permanent Address** |
| 29) Contact Details | •Mobile No.:  | Contact no. of parent with STD code:  |
| 30) Educational Qualification (Starting from 10th onwards and upto last degree obtained) |
| **Examination Passed** | **Board/University** | **Year** | **Subjects/ Discipline/ Specialization** | **Division/ Class** | **%Marks / CGPA / Equivalent** |
| 10th |  |  |  |  |  |
| 10+2 |  |  |  |  |  |
| 1st year |  |  |  |  |  |
| 2nd year |  |  |  |  |  |
| 3rd year |  |  |  |  |  |
| 31) Publication in referred Journals (if any): |
| 1. |  |
| 2. |  |
| 32) List of Attachments: 1. Photograph, 2.Transcript, 3.Resume, 4.Bonafide Certificate, 5. Identity Card |
| 33) Health Declaration : |
| Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies? |
| Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?***N.B.:*** *Any medical expenses during the internship period will be borne by the candidate himself/herself. IIT Ropar will not be responsible towards any medical expenses.* |
| 34) Criminal/Disciplinary Offence |
| Have you been convicted of any criminal offence by a court of law in any country?If No: If Yes: Details- |

|  |  |
| --- | --- |
| **Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature of the Applicant** |

**SIGN AND SCAN APPLICATION****. SEND IT TO YOUR SUPERVISOR**