FORMAT-1

STUDENTINTERNSHIPPROGRAMAPPLICATION

Photo attested By The Head DIFC

(Complete and submit to the DIFC. Type or write clearly)

1. Student Nam	ie:					
2. College Address:		SVCR GOVERNMENT DEGREE COLLEGE,PALAMANER, CHITTOOR DIST			Phone: (Student)	
3. Home Addre	ss:				Phone: (father/Guardian)	
3 a. Student em	ail addre	ess:				
4. a Academic Concentration: BA/ B.Com /B.Sc/B.Voc 4. b Course:				5. Internship Semester: II/IV/V/VI Year 2020		
6. SSC GPA/Marks:				7.Intermediate : GPA/Marks		
8.Degree I Sem Marks Percentage/Grade : III Sem Marks Percentage/Grade:				II Sem Marks Percentage/Grade : IV Sem Marks Percentage/Grade :		
9. Internship Preferences						
	Location		Core Area		Company/institution/firm	
Preference-1						
Preference-2						
Preference-3						
Faculty mentor/Student mentor Signature:Date Signature confirms that the student has attended the internship orientation and has paperwork and process requirements to participate in the internship program, and has received approval from his/her Advisor. The information furnished is correct to best of your knowledge.						
Student Signature: Date						
Signature confirms that the student agrees to the terms, conditions, and requirements of the Internship Programme						
Office use only						
He is selected and allowed to join as internee in our						
				S	ignat	ture of Manager/HR