



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, KALYANI

Autonomous institution under MHRD, Govt. of India

&

Department of Information Technology & Electronics, Govt. of West Bengal

14 No. Adivasi Para, WEBEL IT Park, Kalyani -741235,

West Bengal, Tel : 033 2582 2240, website : www.iiitkalyani.ac.in

FORM FOR SUMMER INTERNSHIP PROGRAMME AT IIIT KALYANI-20

Personal Information

Name:		Gender	Photograph
Date of Birth:			
Correspondence Address			
Phone No.			
Is any disciplinary case pending against you ? : Yes/No (If yes attach details in separate sheet)		e-mail	

Parent's/Guardian's contact information

Name		Relation	
Address			
Phone No.		Mobile No.	
e-mail			

Institute affiliation information

Name of Institution			
Address			
Degree/Programme		Semester/year	
CGPA/Marks %:			

Reference

Name			
Address			
E-mail		Ph No.	

Department at IIIT Kalyani

Department of application at IIIT Kalyani	
Supervisor(s) Name	
Research Topic/Area	

Duration of stay at IIIT Kalyani	
Hostel accommodation is required ?	

I hereby declare that all information given above is correct.	I hereby consent to supervise the student for the duration mentioned above.
Applicant's Signature with Date	Supervisor

The Student is selected as summer intern under supervision of Dr.....



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Declaration to be submitted by Summer Interns

The undersigned do hereby declare that :

1. Mr/Mrs/Ms....., S/o/Do/Wo..... is a
.....(class/batch) regular student of(name of Institute).
2. He/She is being permitted to undertake.....semesters(time) project work at IIIT Kalyani from(date)
to(date).
3. The right of intellectual property generated as an outcome of this project will lie equally with both the institutes.
4. Mr/Mrs/Ms..... (name of student) will abide by all the rules and regulations as well as adhere to the discipline
of IIIT Kalyani.
5. Mr/Mrs/Ms.....(name of the student) will follow the ethical practices in his/her conduct during the entire period of stay in
IIIT Kalyani.

Signature of student:

Name:
Address:
Contact No.:
Local Guardian (if any):

Signature of /HoD/Head of Institution:

Name:
Department:
Date:

Signature of the Supervisor:

Name:
Designation:
Department:
IIIT Kalyani