

ANNA UNIVERSITY REGIONAL CAMPUS COIMBATORE

APPLICATION FOR INTERNSHIP (A) Student Details Name Register No Male / Female Sex Campus Batch Department Cumulative Grade Point Average Outstanding Arrears, if any (B) Organization Details Name of the Organization Address Government / Government Aided / Research Lab Private Department / Division Area of proposed work during internship Duration Period **Undertaking** I hereby agree that I would ensure that I earn the required Attendance (75%) as per the current Regulations.

Date

Signature of HOD

Signature of the Parents / Guardian

Signature of Dean

Signature of the Student