



TKM COLLEGE OF ENGINEERING

(GOVERNMENT AIDED AND AUTONOMOUS)

KOLLAM - 691005

Request for Long-term Internship in Eighth Semester B.Tech Programme

To

The Dean Academics, APJ Abdul Kalam Technological University, Thiruvananthapuram

Sl. No.	Student Details	
1	Name of the Student	
2	University Register Number	
3	Roll Number	
4	Semester	
5	Branch	
6	CGPA (till published result) (Attach Proof)	
7	Duration of the Internship	
8	Name and address of the Organization / Institution offering the Internship	
9	Nature of the Organization / Institution	Central PSU / State PSU / Government Department / LSG Department / Private Sector Industry / Others
10	Category of the Organization / Institution (As per the University Order No. 3068/2023/KTU dated 25.11.2023) (Put a tick mark in the appropriate category)	<p>Category 1: Maharatna, Navratna & Miniratna CPSEs. https://dpe.gov.in/about-us/policy-i-division/list-maharatna-navratna-and-miniratna-cpses</p> <p>Category 2: Institutions of national importance https://www.education.gov.in/institutions-national-importance</p> <p>Category 3: DST / DBT / CSIR https://www.indiascienceandtechnology.gov.in/organisations/laboratories/dst-research-laboratories</p> <p>Category 4: ISRO / DRDO / BARC / HAL / TIRF</p> <p>Category 5: Reputed Central and State Public Sector Undertakings, Local Self Government</p> <p>Category 6: Private Sector Industry</p>

11	Whether monthly stipend is offered by the Organization / Institution (Yes / No)	
12	In Sl. No. 11 if the response is 'Yes', monthly stipend in Rs. (Attach Proof)	
13	Synopsis of the proposed work to be undertaken, mentioning the field of internship:	

List of attachments:

Sl. No.	Name of the document
1	Internship Offer Letter or Joining Confirmation Email from the Organization / Institution
2	Academic Records
3	
4	

Declaration of the Student

I, (Name of the Student with University Register Number), hereby declare that the information furnished above (Sl. No. 1 to 13) are correct. I will abide by all the rules of the University regarding the internship and that I will diligently attend the online/special classes arranged for all the other courses in the eighth semester.

I request the IQAC to humbly forward this internship request to the University.

Place:

Date:

Name and Signature of the Student:

(for office use only)

Department Verification

The following items pertaining to the academics of (Name of the Student with University Register Number), are found correct:

- i. The student is not in the status of suspension at the time of applying for this internship.
- ii. The student has a CGPA of below / above 6.5

Place:

Date:

Name and Signature of the Senior Advisor:

(for office use only)

Recommendation of the Senior Advisor:

Comments of the Senior Advisor:

Place:

Date:

Name and Signature of the Senior Advisor:

(for office use only)

Recommendation of Head of the Department:

Comments of the HoD:

Place:

Date:

Name and Signature of the HoD:

(for office use only)

Recommendation of Dean – Academics:

Comments of the Dean - Academics:

Place:

Date:

Name and Signature of the Dean - Academics:

(for office use only)

Recommendation of Dean – Placement:

Comments of the Dean - Placement:

Place:

Date:

Name and Signature of the Dean - Placement:

(for office use only)

Scrutiny Report

Internship Coordinator

**Coordinator
IQAC**

**Chairman
Internship Scrutiny Board**