





# Ghani Khan Choudhury Institute of Engineering and Technology

## Training & Placement Office

(A Centrally Funded Technical Institute under Ministry of Education, Govt. of India)

P.O. & Vill. : Narayanpur, Dist. Malda, PIN: 732141, West Bengal

### APPLICATION FORM FOR ATTENDING INTERNSHIP / TRAINING PROGRAM

Name of the Applicant (In Block Letters)	
Department	
Course (Degree/Diploma)	
Semester & Year of Study	
Roll No.	
Contact No.	 
E-mail Id (In Block Letters)	
Duration of the Internship / Training Program (mention stating date and end date)	Duration in Week(s): From: _____ To: _____
Name of the Organization where to attend Internship / Training Program	
Address of Communication of the Organization, name of the contact person, e-mail id and contact no.	

### DECLARATION

- 1) I do hereby declare that all the information stated above are true, correct and in the event of any information found to be false/forged at a later stage, I shall be solely responsible for that and Institute may take suitable action against me.
- 2) I will attend the Internship /Training Program for which I have applied, if selected and I don't attend it without showing valid reason(s), I will be debarred from the other future activities of the TPO.
- 3) I will not do any inappropriate action or misconduct at Training/Internship place. I will obey all the rules & regulations of the Organization. If any such activity is reported, Institute may be taken appropriate action against me.
- 4) I will submit a copy of report and relevant certificate to the TPO through respective HoD after completion of the above Internship /Training Program.
- 5) I shall undertake that I shall complete my academic activities before proceeding for training.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Applicant

Recommendation of Mentor:	Signature of Mentor with Date
Recommendation of HoD: There is no pending academic assignment in respect of the applicant and the training will not hamper his/her academic activities.	Signature of HOD with Date
Note of TPO, If Any:	Signature of Training & Placement Officer