

Application Form for Summer/Winter Internship 20__
For External Student

1. Full Name (Ms/Mr):

2. Date of Birth:

3. Name of the degree being pursued (Specify degree & subject)

.....

Year of study: From: To:.....

4. Name and department of the faculty contacted for summer internship in

IISER Berhampur:

5. Dates of internship proposed: From.....To:.....

6. Address for correspondence:

.....

.....

Contact No. (Self):.....(Parent/Guardian):.....

E-mail:.....

7. Do you require Hostel & Mess facility: Yes/No.

8. Educational detail (enclose attached copies of mark/grade sheets):

Degree /Exam	College/School	University/Board	Year	% Mark/ Grade	Rank in class	Subject
10 th						
12 th						
UG						
PG/ Other						

Affix a recent passport size photograph

9. Have you qualified for any Summer Internship fellowship:

(IAS/ JNCASR/ SRFP/ KVPY/ INSPIRE) Any other similar fellowship:.....

10. Area of research interest:

I certify that the information above is correct. If selected for internship at IISER Berhampur, I agree to abide by all rules and regulations of IISER Berhampur and pay the required fees.

Signature of Candidate

Endorsement from student's parent Institute

I certify that (Ms/Mr.).....is a student of(degree)
studying inyear in our college/ University/ Institute and internship of
days/months in IISER Berhampur will be beneficial for her/his studies.

Date:
Place:

Signature and seal of Head of the
Department /Principal/Director

For office use only

Forwarded by

Recommended by

Approved by

Guide/IISER BPR Faculty

FIC, Department

**Coordinator
Academic Affairs**

Guidelines:

1. No financial assistance will be provided by the Institute.
2. Institute does not guarantee for any hostel accommodation which is subject to availability only.
3. Rs.625/- per month will be charged for hostel seat rent, water and electricity charges. No intermittent charges will be applicable. This is subject to revision from time to time.
4. Mess will be charged as per actual rates, payable to the mess contractor.
5. After successful completion of internship, certificate will be issued by Faculty In-charge.

REQUEST FOR HOSTEL ACCOMMODATION

Name: Roll No. :

Duration of Summer/Winter Internship: From To

Signature of Student

Name and Signature of Guide

Date:

HOSTEL APPROVAL

Allotted Room No: Hostel No:

Signature of Hostel Warden

Coordinator Students' Affairs

REMARKS: -