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STUDENT OTHER-DUTY (OD) APPLICATION FORM
(*For Internship*)

Name of Student	
Register Number	
Semester & Programme	
Department	
Email Id & Contact Number	

Internship Type	Industrial/Clinical/Research/NGO/Training
Organisation where Internship is planned*	
Internship duration (*Start date to end date*)	
Total number of days	

Undertaking by Student	
I hereby declare that the information provided above is true and correct. I agree to abide by the rules and regulations of the Organization and the University, and to follow the instructions of the faculty coordinator and the department. I will maintain proper discipline and conduct during the Internship. I understand that I will be personally responsible for any misconduct, indiscipline, or damage to property caused by me and that the Institution shall not be held responsible for any personal loss, injury, accident, or unforeseen incident during the Internship or related travel.	
(Name and Signature of Student)	

Recommendation by Faculty Advisor/Internship Supervisor: Put a tick mark (✓) against the relevant choice		
i.	The student has no classroom courses to attend in this duration/ semester and his/her request to pursue internship is recommended and forwarded	
ii.	The student will continue to work on the classroom courses in remote mode while pursuing internship and his/her request to pursue internship is recommended and forwarded	
iii.	Consent of the parent obtained	
iv.	Not-recommended	
(Name & Signature of the Faculty Advisor)		

Recommendation by HOD	
Internship is recommended and forwarded	
Date	
(Name and Signature of HOD)	

For Office Use

Approval by Director, Student Affairs	
Internship is approved	
Date	
(Name and Signature of Director, Student Affairs)	

**Attach a copy of the offer letter*