**Summer Internship Application Form**

**Under Science and Engineering Research Board (SERB) Sponsored Project**

**Last date to receive filled application form is 15th April 2020**

|  |
| --- |
| **Application Date:**Insert Passport size photo |
| Name of the Applicant |  |
| Name & Address of the Institution/ University |  |
| Department |  |
| Degree Pursuing |  |
| Programme Duration |  |
| Subject Specialization (if any) |  |
| Category (General/OBC/SC/ST) |  |
| Gender |  |
| Mother's Name |  |
| Father's Name |  |
| Marital Status |  |
| If Person with Disability: |
| Type of disability |  |
| Address Details | **Address for Correspondence** | **Permanent Address** |
| Contact Details | •Mobile No.:  | Contact no. of parent with STD code:  |
| Educational Qualification (Starting from 10th onwards and upto last degree obtained) |
| **Examination Passed** | **Board/University** | **Year** | **Subjects/ Discipline/ Specialization** | **Division/ Class** | **%Marks / CGPA / Equivalent** |
| 10th |  |  |  |  |  |
| 10+2 |  |  |  |  |  |
| Degree |  |  |  |  |  |
| Post Graduation |  |  |  |  |  |
| Publication in referred Journals (if any): |
| List of Attachments:1.Transcripts,2.Resume,3.Bonafide Certificate,4.Identity Card |
| Health Declaration : |
| Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies? |
| Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?***N.B.:****Any medical expenses during the internship period will be borne by the candidate himself/herself. NIT Meghalaya will not be responsible towards any medical expenses.* |
| Arrange to send two recommendation letters before due date |

|  |  |
| --- | --- |
| **Place:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Signature of the Applicant** |