

**REQUEST FOR APPROVAL FOR UNDERTAKING  
INTERNSHIP/COLLABORATIVE RESEARCH WORK**

**BACKGROUND INFORMATION**

Name of the Student & S.R.NO.			
Date of Joining	Department	Degree	Name of the Guide/s
Date of C.E/G.T. if completed			Probable date/date of submission of thesis
Have you undertaken internship/collaborative Earlier? If yes, provide details		Yes/No	
Details for which approval is sought		Internship / Collaborative Work	
Name of the University / Laboratory (Invitation to be attached)			
Requested period of leave with dates			
Date:		Signature of the Student	
<b>Recommendation of the Department</b>			
<p>1. Is the work part of a collaborative effort? : Yes / No</p> <p>2. Will the work be directly relevant to thesis/project : Yes / No</p> <p>3. Remarks, if any</p>			
Signature of the Guide/s		Signature of the Chairman	
Deans W/C			
For kind approval to grant permission/place before the SCRC			
		Assistant Registrar(Academic)	
DEANS ORDERS :			
		Signature of the Deans	