INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR

(Formerly Bengal Engineering and Science University, Shibpur)
TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP – III)

PROPOSAL FOR SUMMER INTERNSHIP AT HEST SHIBPUR FOR PRE-FINAL YEAR UG EXTERNAL STUDENTS (To be submitted to the Head, Human Resource & Management, HEST Shibpur, Howrah – 711103; Email: hodhrm@iiests.ac.in)

1. Personal Details:						
Name of Student			Name of the Department and Institute with address:			
Mahila Na						
Mobile No. E-mail ID:						
Name of the Department applied for internship :			Student ID/Registration No.:			
Please provide name of faculty member of IIEST as supervisor along with details of consent of concerned faculty member (email						
communication from the concerned faculty member may be attached):						
2. Academic performance:						
SI. No.	Name of Examination		Board/University		Marks (Percentage/CGPA)	
1	Class X					
2	Class XII					
3	First Semester (B.E./B.Tech.)					
4	Second Semester (B.E./B.Tech.)					
5	Third Semester (B.E./B.Tech.)					
6	Fourth Semester (B.E./B.Tech.)					
7	Fifth Semester (B.E./B.Tech.)					
3. Have you attended any internship/training previously: Yes / No If, yes, please attach supporting documents.4. I hereby declare that all above information given are correct and true best of my knowledge.						
Signature of the student with date		Forwarded and recommended				
			Signatu	re (with seal) of	the Head of the Department	
For Office use only Forwarded to the Coordinator, TEQIP-III: Decommended (Net Recommended)						
To warded to the coordinator, TEQIF-III.			Recommended /Not Recommended:			
			Name of the supervisor/Mentor:			
[Signature (with seal) of the Head, HRM]			Department:			
	,					
			. 			
			[Members of the Advisory Committee, TEQIP-III]			
Recommended for funding		Budg	etary provision is checked		Approved	

[Signature (with seal) of the Nodal Officer

(Finance, TEQIP - III, IIEST, Shibpur]

[Signature (with seal) of the Director /

Registrar, IIEST, Shibpur]

[Signature (with seal) of the Co-ordinator (TEQIP

- III), IIEST, Shibpur]

Please provide the following **BANK details**

	Traces provide the following 27 that country				
Name of Bank					
Name of Bank Branch including branch address					
Name of Account Holder (as in Bank Pass Book)					
Account Number					
Type of Bank Account					
Bank Branch Code					
IFS Code					
MICR No.					
Phone Number of Bank Branch (if any)					
E-mail ID of Bank Branch (if any)					
Personal Details					
Name					
Department					
Registration No.					
Date of Birth					
Father's Name					
Address					
E-mail ID					
Mobile No.					
PAN Card Number*					
AADHAAR Card Number#					
* please submit a copy of PAN Card with self signature # please submit a copy of AADHAAR Card (for date of birth, father's name and address etc.) with self signature					
Declaration : All information for bank and personal details given above is correct to the best of my knowledge.					
(Signature of the student with date)					