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 IIEST SHIBPUR FOR PRE-FINAL YEAR INTERNAL STUDENTS (To be submitted to the Coordinator, TEQIP-III, IIEST Shibpur, Howrah – 711103)

1. Personal Details:

Name of Student		Name of the Department :	Name of the Department :	
Mobile No. E-mail ID:				
Name of the Department applied for internship :		Student ID/Registration No.:	Student ID/Registration No.:	
	•	vith details of consent of concerned faculty mem	nber (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.Tech.)	IIEST Shibpur		
4	Second Semester (B.Tech.)	IIEST Shibpur		
5	Third Semester (B.Tech.)	IIEST Shibpur		
6	Fourth Semester (B.Tech.)	IIEST Shibpur		
7	Fifth Semester (B.Tech.)	IIEST Shibpur		
4. I hereby declare that all above information gives a second of the student with date		Forwarded and recommended Signature (with seal) of the Head of the Department		
For Office us	se only			
Recommended /Not Recommended:				
Name of the Supervisor/Mentor:				
Department:				
[Member of the Advisory Committee, TEQIP-III]				
	Recommended for funding	Budgetary provision is checked	Approved	
[Signature	(with seal) of the Coordinator (TEQIP – III), IIEST, Shibpur]	[Signature (with seal) of the Nodal Officer (Finance, TEQIP – III, IIEST, Shibpur]	[Signature (with seal) of the Director / Registrar, IIEST, Shibpur]	

Please provide the following **BANK details**

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)				