



INDIAN INSTITUTE OF SCIENCE, BANGALORE – 560012

**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
	Electrical Engg.		
Date of C.E./G.T. if completed		Probable date/date of submission of thesis :	
Have you undertaken Internship/collaborative work 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
Recommendation of the Department			
1. Is the work part of a collaborative effort ? : Yes / No			
2. Will the work be directly relevant to thesis/project ? : Yes / No			
3. Remarks if any :			
Signature of the Guide/s		Signature of the Chairman	
Deans W/C For kind approval to grant permission/place before the SCRC		<div style="border: 1px solid black; width: 150px; height: 60px; margin: 0 auto;"></div> (Chairman Seal)	
Deputy Registrar (Academic)			
DEANS ORDERS :			
Signature of the Deans			