



# Dr. T. Thimmaiah Institute of Technology

## Oorgaum – KGF

### INTERNSHIP TRAINING APPROVAL FORM

<b>Department :</b>	<b>Semester:</b>
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**Date:**

- 1 **Duration of Internship Program** :
- 2 **Starting Date of Internship Program** :
- 3 **Ending Date of Internship Program** :
- 4 **Internship offering Company** :  
(Address with Phone No.)
  
- 5 **Copy of Approval letter from Industry** : Yes/No (Enclose details in Annexure 1)
- 6 **Total Number of Students participation** : Male: Female: Total:  
Yes/No (Enclose details in Annexure 2)
- 7 **Approval from Internship In-charge** :  
(Signature with Date)
- 8 **Approval from the HOD** :  
(Signature with Seal)
- 9 **Approval from Principal** :  
(Signature with Seal)

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**Please Note:** Students attending the Internship training (Group of Four students) should submit an observation report **compulsorily** within one week after the end of the training program.

**Copy of the Approval Letter from Industry**

- Should contain clear date, time and number of days of Internship program
- Letter should be by the authenticated person from the Industry minimum at Manager Level with seal.

**List of Students Details**

Sl.No	USN	Name	Male / Female	Mobile Number
1				
2				
3				
4				
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**HOD**  
(Signature with Seal)