



St. XAVIER'S
CATHOLIC COLLEGE OF ENGINEERING
(Autonomous)

Chunkankadai, Nagercoil - 629003
Kanyakumari District, Tamil Nadu

Approved by AICTE & Affiliated to Anna University, Chennai
Accredited with 'A' Grade by NAAC
UG Programs(ECE, EEE, Mech, Civil, CSE & IT) Accredited by NBA
Anna University Recognized Research Institute
Recognized under section 2(f) & 12(B) of UGC Act, 1956
UG Programs(ECE, EEE, Mech, Civil, CSE & IT),
MBA & MCA Programs Permanently Affiliated

REQUEST FORM FOR PERMISSION TO UNDERTAKE INTERNSHIP/INDUSTRIAL TRAINING

Name of the Student	
Roll Number	
Register Number	
Programme	B.E. / B.Tech. – M.E. – M.C.A. / M.B.A.
Year of Study	I / II / III / IV
Semester	I / II / III / IV / V / VI / VII / VIII
Mobile Number	
Email ID	
Name of the Industry	
Address of the Industry	
Category of the Industry	<ol style="list-style-type: none"> 1. Government 2. Government Undertaking 3. Research Lab 4. Private 5. Others
Mode of Internship	Offline / Online
Duration	Start Date: End Date:

Area/Technology of proposed work during internship	
I will be regular in my academic activities during the internship / In-plant training period.	1. Submit my regular assignments 2. Write Internal Exams / Improvement Exams 3. Project Reviews Agreed / Disagreed
Name of the Father / Mother / Guardian	
Address for the communication	
Father - Contact Number	
Mother - Contact Number	
Guardian - Contact Number	

The following should be enclosed

I. Internship Call Letter / Offer Letter

II. Declaration by Parent (Annexure) Undertaking

III Copy of the bonafide certificate received from the Principal (if applicable)

I hereby agree and assure that I earn the required Attendance (75%) as per the Regulations.
(Only if the Internship period overlaps with the next semester period)

Signature of the Mentor
(with date)

Signature of the Student
(with date)

Signature of the Placement Coordinator*

Signature of the IICC Coordinator*

Recommended and Forwarded

Signature of the HOD
(With date & Seal)

Granted / Not-Granted

Signature of the DEAN –SFS*

Signature of the PRINCIPAL

Note:- *- No need to get these signatures if the copy of the bonafide certificate is attached.

ANNEXURE

DECLARATION BY PARENTS

I, _____ F/O or M/O _____
studying _____ hereby request you to permit my
son/daughter to undertake the Internship / In-plant Training / Industrial Training / Project at
_____.

I understand that the travel by rail/road/airways and the stay outside the limits of the campus may involve risk of physical harm, under unexpected circumstances. I assure that my son/daughter is responsible for his/her safety and behaviour during the internship. I will neither blame the institution nor demand compensation for the same for any untoward incidents.

Thanking you,

Place:

Yours faithfully,

Date:

(Signature of the Parent with Date)