



INTERNSHIP REGISTRATION FORM

PLEASE WRITE IN BLOCK LETTERS

Name Of Internee

Affiliation of Internee

Internship Period:

From _____ to _____

EMAIL ID

Name Of Evaluator

Designation of Evaluator

PROGRAM TITLE

Intra University Internship Program 2025-26

Internship Registration

2025-2026

APPLICANT SIGNATURE

EVALUATOR SIGNATURE

OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION(ORIC)
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