



TRAINING AND PLACEMENT CELL
VASANT KANYA MAHAVIDYALAYA
Kamachha, Varanasi - 221 010
Admitted to the privileges of Banaras Hindu University
INTERNSHIP FORM
SESSION 2024-25

PHOTOGRAPH

1.	NAME OF INTERN (CAPITAL LETTERS)			
2.	Enrolment No.		Semester	
3.	Examination Roll No.			
4.	Email ID			
5.	Mobile No.			
6.	Name of Father/Guardian			
7.	Mobile No.			
8.	Name of Mother			
9.	Permanent Address			
10.	Local Address			
11.	Name of Organization (Opted for Internship)			
	Address			
	Contact No.			
	Email ID			

Declaration by the Student

I, Km/Smt. declare that I myself have opted this organization for internship. I, myself have filled this form and all the information given here is correct in my knowledge. I promise to abide by the rules and regulations of Vasant Kanya Mahavidyalaya and (Organization where internship is opted).

Signature and Stamp of the Concerned Authority
(Organization where Internship is opted.)

Signature of the Student

Date:

Date: