

Agnel Charities'
Fr. C. Rodrigues Institute of Technology, Vashi
Internship Registration Form

[To be filled by the Student(s) and Submitted to the Coordinating Dean]

1. Name(s) of the Student(s):

2. Name and Address of the Parent Institute:

Mobile No(s):

3. Internship Title:

4. Internship Duration: Week(s)/Month(s)

5. Faculty Coordinator(s):

6. Payment Details:

(Cheque/DD in favour of Fr. C. Rodrigues Institute of Technology, Vashi)

Amount:

Cheque/DD (Tick mark)

Bank Details:

Cheque/DD No.

Date:

Date:

Signature(s) of the Student(s)

For Office Purpose

The admission of the above-mentioned students is confirmed for the said Internship Program.

The number assigned to this Internship Program is _____.

Date:

Coordinating Dean