

Website : www.gecsheikhpura.org.in

राजकीय अभियंत्रण महाविद्यालय,
शेखपुरा , बिहार –811105



Email : principal@gecsheikhpura.org.in
gecsheikhpura2019@gmail.com

Government Engineering College
Sheikhpura , Bihar –811105

पत्रांक :GEC/SHK /T&P/2021/-----

दिनांक..... / / 2021

From,
Training and Placement Officer,
Government Engineering College, Sheikhpura
To,

Sub: Regarding Industrial Training of _____ Weeks during _____

Dear Sir/Madam

As a part of academic curriculum in order to boost the quality of our students and to meet the present industry standards, it is mandatory for the B. Tech. students (CE, ME, EE) of our institute to undergo an **industrial training for a minimum period of _weeks** in the industries as per specialization of subjects of the respective students.

In this context the undersigned will be pleased and highly obliged if you kindly consider and permit the following student to undergo Industrial training at your esteemed organization as per the following schedule: -

S. No.	Name of Student	Branch	Roll No.	Between
1				
2				
3				
4				
5				

Your kind co-operation in this regard is highly solicited. Hoping for a favorable response.

Thanking you and with best regards.

**Training & Placement Officer,
Government Engineering College,
Sheikhpura.**

**Internship Program Coordinator:
Government Engineering College,
Sheikhpura.**

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STUDENT INTERNSHIP PROGRAM APPLICATION:

Complete and submit to the TPO/ Internship Program Coordinator:

1. Student Name:			
2. Campus Address:			Roll No:
3. Home Address:			Phone:
3 a. Student email address:			
4. Academic (Branch):	5. a. Internship Semester: _____		
	b. Year: _____		
6. Overall GPA:		7. Registration No:	
8. Internship Preferences			
	Company/ Institution	Core Area	Location
Preference-1			
Preference-2			
Preference-3			
Departmental internship coordinator Full Name:		Signature:	

Signature confirms that the student has attended the internship orientation and has met all paperwork and process requirements to participate in the internship program, and has received approval from his/her Advisor.

Student Signature: _____ Date _____.

Signature confirms that the student agrees to the terms, conditions, and requirements of the Internship Program.