TKM INSTITUTE OF TECHNOLOGY
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INDUSTRY VISIT / INTERNSHIP APPLICATION FORM

DATE:

NAME	
MOBILE NUMBER	
DEPARTMENT	
SEMESTER	
PROGRAM	INDUSTRY VISIT ☐ INTERNSHIP ☐ TRAINING ☐
NAME OF INDUSTRY	
ADDRESS OF INDUSTRY	
WHAT DO YOU FOCUS ON FOR AN INTERNSHIP IN THIS INDUSTRY?	
INDUSTRY CONTACT PERSON NAME & PHONE NUMBER	
PROGRAM DURATION	
START DATE	
END DATE	
HOW MANY IV / INTERNSHIPS YOU HAVE ATTENDED BEFORE THIS	

SEMESTER	S1	S2	S3	S4	S5	S6	S7	TOTAL No. SUPPLEMENTARY
SGPA								

DETAILS OF FACULTY ACCOMPANYING	

Bonafide certificate: Required? Yes ☐ No ☐

SFA	Indus. Connect Officer-Dept.	HoD	Head- Industry Connect	Dean (Acad)	Principal

- Fill out all required data, obtain your Advisor's signature.
- Submit the form to your Department's Industry Connect Officer.
- Submit your Report within seven (7) days following the Industrial Visit (IV) or Internship.