



## Centre for Advanced Studies

Dr. A.P.J. Abdul Kalam Technical University Uttar  
Pradesh, Lucknow

### Summer Internship Application Form– 2019

<b>Application Date:</b>		Insert Passport size photo
1) Name of the Applicant		
3) Research Area		
4) Duration	Start Date: _____ End Date: _____	
5) Supervisor's Name (Preferences)	1. _____ 2. _____	
9) Name & Address of the Institution/ University		
10) Department		
11) Degree Pursuing		
12) Programme Duration		
13) Subject Specialization (if any)		
14) Category (General/OBC/SC/ST)		
15) Gender		
16) Mother's Name		
17) Father's Name		
18) Religion		
19) Marital Status		
20) If Person with Disability:		
21) Type of disability		
22) Address Details	<b>Address for Correspondence</b>	<b>Permanent Address</b>

23) Contact Details		•Mobile No.:	Contact no. of parent with STD code:		
24) Educational Qualification (Starting from 10th onwards and upto last degree obtained)					
Examination Passed	Board/University	Year	Subjects/ Discipline/ Specialization	Division/ Class	%Marks / CGPA / Equivalent
10 <sup>th</sup>					
10+2					
B.Tech.					(Till Current Semester)
25) Publication in referred Journals (if any):					
26) List of Attachments: 1.SOP,2.Resume,3.Bonafide Certificate,4.Identity Card 5. Recommendation letter					
27) Health Declaration :					
Do you have any physical illness or have you been currently undergoing any medical treatment/ been treated/ been diagnosed of any illness which may affect your studies?					
Do you have any chronic (long lasting or persistent) medical condition that requires treatment or medication?					
<i>N.B.:Any medical expenses during the internship period will be borne by the candidate himself/herself. IIT Ropar will not be responsible towards any medical expenses.</i>					
28) Arrange to send two recommendation letters to supervisor before due date					

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Applicant

**Sign and Scan Application.**

**Send It To [internship@cas.res.in](mailto:internship@cas.res.in) Before Due Date with Attachments (S. No. 26)**

---

**For Office Use**

Category:

Remarks, if any:

**Signature of Supervisor with Date**

**Department/Center**