



No.VSSUT/ACD/ /20.....

Dated:/...../20.....

APPLICATION FORM FOR APPROVAL OF NPTEL/MOOCs COURSES FOR SIX MONTHS INTERNSHIP

1. Name of the student: _____
2. (a) Registration No: _____ (b) Semester: _____
(c) Programme: B.Tech/B.Arch/M.Tech/MCA/M.Sc/Int.M.Sc/Ph.D: _____
3. (a) Branch: _____ (b) Section (if any): _____
(c) Student Mobile No: _____ (d) E-Mail ID: _____
(d) Mobile No. of Parents: _____
4. (a) Boarder/Day Scholar: _____
(b) Name of the Hall of Residence (if Boarder): _____
5. Name of the Company/ Organization for Six months' internship: _____
6. _____

Sl. No.	Name of the Subject mentioned in your syllabus (Name / Title with course no.)	Name of the Subject (NPTEL/MOOCs)	Core/PE/ OE
1			
2			
3			
4			
5			
6			

7. List of documents enclosed for six months' internship.
(i) Offer / Selection letter.

(Full Signature of the Student)

(For office use)

Verified that the above student has received six months' internship offer.

Signature,
Professor, T&P Cell, VSSUT, Burla

Verified that the subject mentioned above are being offered by NPTEL/MOOCs

Signature,
SPOC, NPTEL,VSSUT, Burla

Recommended by

Head of the Department
VSSUT, Burla

Memo No.VSSUT/ACD/ /20.....

Date:/...../20.....

Mr./Ms. is hereby allowed to take the subjects mentioned in above table and his /her application for six months' internship forSemester is approved an office order in this respect may be issued to the students from the T&P Cell.

Dean Academic Affairs.