



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 Online Course Coordinator (NPTEL/MOOCs/Coursera/etc.)	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 Online Course Coordinator (NPTEL/MOOCs/Coursera/etc.)

Signature,  
SPOC, NPTEL,VSSUT, Burla

Recommended by

HoP/HoD  
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 for ..... Semester is approved an office order in this respect may be issued to the students from the T&P Cell.

Dean Academic Affairs.