Annexure B

**Application form for the Semester internship at ABV-IIITM, Gwalior**

1. Name of faculty member at ABV-IIITM Gwalior to be associated with:

Faculty priority 1:

Faculty priority 2:

Faculty Priority 3:

1. Area(s) of interest: (i)

PHOTO

(ii)

(iii)

1. Name of the student:
2. Father’s name:
3. Date of birth:
4. Sex:
5. Nationality:
6. Correspondence address:
7. Name of the institute:
8. Address of the institute:
9. Email address:
10. Academic record:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr. No. | Examination | Board/Inst/Univ | Year ofPassing | SGPA or % of Marks | Major Subjects |
| 1 | High School (10) |  |  |  |  |
| 2 | Intermediate (10+2) |  |  |  |  |
| 3 | BSc/BCA/BBA/MSc etc. |  |  |  |  |
| 4 | BE/BTech/MSc (1stsem) |  |  |  |  |
| 5 | BE/BTech/MSc (2ndsem) |  |  |  |  |
| 6 | BE/BTech/MSc (3rdsem) |  |  |  |  |
| 7 | BE/BTech/MSc (4thsem) |  |  |  |  |
| 8 | BE/BTech (5thsem) |  |  |  |  |
| CGPA or % of marks up to 3rd or 5th semester as applicable |  |

1. Technical skills:
2. Projects undertaken:
3. Any other relevant information:

All the above information is true to the best of my knowledge and belief. In case of any false information, I am liable to any action as per the rules.

 Place:

|  |  |
| --- | --- |
| Date: | Signature of the Student |