**Application form for the summer internship at ABV-IIITM Gwalior**

1. Name of faculty at ABV-IIITM Gwalior to be associated with:
2. Area(s) of interest: (i)

(ii)

(iii)

1. Name of the student:
2. Father’s name:
3. Date of birth:
4. Sex:
5. Nationality:
6. Correspondence address:

Mobile no and Email:

1. Name of the institute:
2. Address of the institute:
3. Academic record:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr.  No. | Examination | Board/Inst/Univ | Year of  Passing | SGPA or % of Marks | | Major Subjects |
| 1 | High School (10) |  |  |  | |  |
| 2 | Intermediate (10+2) |  |  |  | |  |
| 3 | BSc/BCA/BBA etc. |  |  |  | |  |
| 4 | BE/BTech (1stsem) |  |  |  | |  |
| 5 | BE/BTech (2ndsem) |  |  |  | |  |
| 6 | BE/BTech (3rdsem) |  |  |  | |  |
| 7 | BE/BTech (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**