



Sri Balaji Chockalingam Engineering College

Approved by AICTE | Affiliated to Anna University
An ISO 21001 : 2018 - Certified Institution
30 Years of Legacy Excellence in Engineering Education



Department of Computer Science and Business Systems
Academic Year : 2026 - 2027

STUDENT INTERNSHIP PROGRAM APPLICATION

(Complete and submit to the Internship Program Coordinator. Type or print clearly.)

Student Name (In Capital)			
Register Number		Mobile Number 1	
Year & Semester		Mobile Number 2	
Email ID			
Campus Address			
Residential Address			
Academic Concentration		Over All CGPA (Up to Current Semester)	
Details of The Internship			
Internship Domain & Title			
Duration of Internship	From _____ To _____ (In Weeks : _____)		
Mode of Internship	Online / Offline.		
Grade Option : Credits	2 Credits		
Paid / Non – Paid (If Paid, Mention the amount / If Not Paid, give the details of stipend if any)			

Place of Internship	
Name of the Organization / Company	
Contact Person of the Organization with Designation	
Organization's Email ID	
Organization's Contact Number	

Parent Acknowledgement

I, _____ (Parent / Guardian Name), parent/guardian of _____ (Student Name), hereby acknowledge and permit my ward to participate in the **Student Internship Program for the academic year 2026 – 2027**. I am aware of the internship details and take responsibility for my ward during the internship period.

Parent Signature : _____

Parent Name : _____

Contact Number : _____

Date : _____

Recommended By
Mrs. J. AMMU
Internship Mentor

Reviewed By
Mr. S. SELVAM,
Head of The Department

Approved By
Dr. R. RAJAVEL
Principal