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 Engineering
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	Reviewed By	Approved By
Mrs. J. AMMU	Mr. S. SELVAM,	Dr. R. RAJAVEL
Internship Mentor	Head of The Department	Principal