



To be filled by Internship Incharge

A.Y. _____ Sem: _____ Dept: _____ Section: _____ Internship Type _____
Count: _____ Dept. Cumulative Count: _____

AFFIDAVIT BY THE STUDENT and PARENT

For VII Semester students, who wants to attend Internship Program during VII Semester of their class work and who have been selected through Training and Placement Office of CBIT(A).

I _____, Roll.No _____, of
B.E/B.Tech() VII-Semester, S/o / D/o _____,
R/o _____, hereby solemnly declare that I have
been selected for _____ (Company name) through campus
placements held on _____, which is offering internship from
_____ to _____. I am willing to attend the Internship program and I
do hereby accept the following conditions:

- i. I shall attend and interact with the Department as and when it is required either online or offline.

- ii. I shall interact with the respective Course faculty to clear my doubts, if any and submit all CIE related documents well within stipulated time frame.
- iii. I submit that if I don't interact and submit CIE related documents well within stipulated time frame and fail to attend all examinations, I will be detained for want of attendance and marks.
- iv. I shall update the progress of the VIII - Semester project to my supervisor/guide/co-ordinator/Head of the department, from time to time.
- v. I shall submit that it is my sole responsibility to study and pass the courses on my own for the following courses which are missed in the regular class work during the internship period. I shall not blame the Institute otherwise.

S. No.	Course Code	Title of the Course
1		
2		
3		
4		
5		
6		
7		
8		
9		

- vi. I shall attend the Class tests and Semester End Examinations as per the schedules notified by the Institute.

vii. I shall attend the Internship program as per the schedule specified by the industry/company and I shall update in case of discontinuing the internship I shall bring to the notice of my Internship Incharge with cc to placements@cbit.ac.in if the internship is through oncampus.

viii. I shall attend the internship program regularly in the industry.

VERIFICATION

Verified that the contents of this affidavit are true to the best of our knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (Place) on this the (Day) of
..... (Month) (Year) _____

Signature of Student

I understood the contents of this affidavit and promise to see that my ward abides by them.

Signature of the Parent

Solemnly affirmed and signed in our presence on this the (Day) of
(Month) (Year) after reading the contents of this affidavit.

Mentor	Internship Incharge	Head, Dept. of _____ CBIT(A)
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