

**INDIAN INSTITUTE OF SCIENCE  
BANGALORE 560 012**

**REQUEST FOR APPROVAL FOR UNDERTAKING  
INTERNSHIP/COLLABORATIVE RESEARCH WORK**

**BACKGROUND INFORMATION**

Name of the Student & S.R. NO.			
Date of Joining	Department	Degree	Name of the Guide/s
Date of C.E./ G.T. if completed		Probable date/date of submission of thesis :	
Have you undertaken internship/collaborative work earlier? If yes, provide details			Yes / No
Details for which approval is sought			Internship / Collaborative Work
Name of the University/ Laboratory (Invitation to be attached)			
Requested period of leave with dates			

**Date** **Signature of the Student**

**Recommendation of the Department**

1. Is the work part of a collaborative effort? : Yes / No
2. Will the work be directly relevant to thesis/project? : Yes / No
3. Remarks if any :

**Signature of the Guide/s** **Signature of the Chairman**

Deans W/C

For kind approval to grant permission/place before the SCRC

**Deputy Registrar (Academic)**

**DEANS ORDERS :**

**Signature of the Deans**