Birla Institute of Technology & Science, Pilani
K K Birla Goa Campus

Academic Graduate Studies & Research Division

APPLICATION FORMOF INDUSTRIAL RESEARCH INTERNSHIP FOR DOCTORAL STUDENTS

Name of Student: **Campus ID:**

Department: **Supervisor's Name:**

Date of Admission:_____**Type of Fellowship:** _____

Duration of Course Work: _____

Qualifying Examination Passed Date: _____**Semester** _____

Date of Research Proposal Submission: _____ **DCC**_____

Research Topic Name: _____

_____

Area of Research: _____

Date: _____**Signature of Applicant** _____

Academic Graduate Studies & Research Division

About the Host Industry :

Name of Host Industry: _____

Internship Location:_____

Type of Industry: Private Company/Govt. Research Lab/R&D Center/ Start-Up/Other_____

Broad Area of Host Industry: _____

Head of the industry _____

Industry Mentor Name_____**Designation** _____

Duration of Internship:*From*_____ *to*_____

Monthly Stipend: _____

Recommendation /Comments by Supervisor :

Name & Signature of Supervisor

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Recommendation /Comments by DRC:

Signature of DRC Convener Signature of HoD

Approved/Not Approved

Associate Dean, AGSRD
(AGSRD)

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*Kindly attach **the Company offer Letter, Internship Proposal Form, Supervisor Approval Letter, and Conflict of Interest Declaration**, if applicable along the application form*