



CENTRAL UNIVERSITY OF TAMIL NADU

THIRUVARUR – 610 005

(Established by an Act of Parliament, 2009)

## SUMMER INTERNSHIP PROGRAM

### Application Form

<b>1. Dept. Applied for:</b>			Photograph	
<b>2. Topic &amp; Proposed Supervisor: (in preference order)</b>				
Order	Topic	Proposed Supervisor		
I				
II				
<b>3. Personal Details:</b>				
Name (In Block Letters)				
Date of Birth		Gender		
<b>4. Name of Current Institution (Enrolled)</b>				
<b>5. Address with contact details</b>	Present Address:			
	Permanent Address:			
	Mobile No:	Email:		
<b>6. Educational Qualification:</b>				
	Name of Institute/College/School	Name of Board/University/Institute	Year of passing	Percentage of marks/CGPA
HSC				
UG				
PG				

**7. Hostel Accommodation required: Yes/No** \_\_\_\_\_



**CENTRAL UNIVERSITY OF TAMIL NADU**

**THIRUVARUR – 610 005**

*(Established by an Act of Parliament, 2009)*

**8. Any Achievements/Awards that you would like to highlight:**

**9. Statement of Purpose** (Write about the topic/project that you are interested and why do you want to do this internship) (250 words)(Required)

**10. Any Previous Record of Project Work** (Have you done any kind of research/ project/ internship or fieldwork previously? If yes please mention details of research work) (200 words)

**11. Recommendation (Provide name of one referee who is aware of your academic activities) :**

	Referee
Name:	
Designation:	
Institute:	
Email:	
Phone No.:	

**12. Declaration**

I hereby declare that all the information provided in this application is correct and complete to the best of my knowledge. If selected, I shall abide by rules & regulations of CUTN.

Place:

Date:

Signature of applicant

**13. Approval from the institution where studying:**

I hereby attest that ..... is a student at Department ..... institute/university..... and he/she is allowed to carry out his/her summer internship at CUTN during the period .....to .....

Date:

Place:

(Signature with seal)

Head of the Department/Institute



**CENTRAL UNIVERSITY OF TAMIL NADU**

**THIRUVARUR – 610 005**

*(Established by an Act of Parliament, 2009)*

**For Office Use ONLY**

Recommendation (Yes/No)	
Proposed Project	
Supervisor's Name & Signature	
Internship Dates	
Fee Paid	

**Please send the scanned copy (pdf) of completely filled application form through email  
to : \_\_\_\_\_**