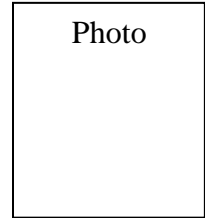




District:.....

NATIONAL INSTITUTE OF TECHNOLOGY SRINAGAR

1. Student's Name:
2. E.Mail:.....
3. Gender (Male/Female):.....
4. Date of Birth:.....
5. Father's Name:.....
6. % of Marks in X class Board Examination:.....90% or above.....
Under Roll No:.....year:.....
7. Name and address of the school:.....
8. Class: Intermediate (XI & XII):.....
9. Telephone:.....Mobile/Fax:.....
10. Any special requirement during the camp:.....
11. Innovative idea:.....



Name and Signature of Student

Certified that the above facts are true as per the school records and to the best of our information that the student has not participated in any internship programme before

Name and Signature of Principal

Note: Please attach Marks certificate of 10th class

Conveners

Dr. M.A.Shah

Department of Physics, National Institute of Technology, Hazratbal Srinagar -190006 (J &K), India
mashahnit@gmail.com/drseeminrubab@gmail.com

Note: District Coordinators should send the complete forms by or before 2 months from the date of commencement of the Program, to Conveners.