



GOVERNMENT COLLEGE FOR WOMEN THIRUVANANTHAPURAM

Affiliated to Kerala University
Re-accredited with 'A' Grade by NAAC
Email: fyugp@gcwtvm.ac.in

Application for Admission to Summer Internship

Year-----Month-----

1	Name of the Candidate (In Block Letters)	
2	Date of Birth and Age	
3	APAAR ID and Year of Admission under FYUGP	
4	Major Program of admission under FYUGP	
5	Institution where the student is registered under FYUGP and Affiliated University	
6	Supervisor's Name at Parent Institution Official address and Phone No Email:	
7	Name of the Father/Guardian and Phone No.	
8	Permanent Address with PIN code	Contact Address with PIN code
9	Contact No./Phone	
10	Mobile Number	with: <input type="checkbox"/> WhatsApp <input type="checkbox"/> Telegram (Check whichever is applicable)
11	E-mail	
12	Nationality	
13	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third gender
14	Name of the Department/Centre where you are undergoing the internship at GCW	Internship Title
15	Name of Internship Coordinator and Department at GCW	

16	Courses selected under FYUGP (Mention the Department name only)				
Sem	DSC as Minors	MDC	VAC	SEC	SGPA
1					
2					
3					
4					

17	Remarks if any	
Undertaking by the Candidate		
I, (Name) certify that the above given details are correct to the best of my knowledge and belief. I agree to abide by the guidelines of IPO.		
Place:		
Date:		Signature of the Candidate
Consent of the Parent/Guardian		
It is with my knowledge and consent that my ward (Name of your ward) is undergoing summer internship at Govt. College for Women, Thiruvananthapuram.		
Place:		
Date:		Signature of the Parent/Guardian
Recommendation from Parent Institution		
This is to certify that Mr./Ms....., a student of [Programme & Semester]..... at..... [Name of Parent Institution], has been recommended to undergo an internship at Govt. College for Women, Thiruvananthapuram as part of the FYUGP curriculum.		
Name and Signature of Supervisor		HOD (Name, Signature & seal)
Place:		
Date:		
For office use only		
Documents are verified and found in order <input type="checkbox"/> Yes <input type="checkbox"/> No		
Initials of Verifying Official		Signature of Course coordinator
..... (Name of the Candidate) is admitted to		
.....		
(Course) of the Department.....		
Place:		
Date:		(Seal) Signature of HOD