



DEPARTMENT OF \_\_\_\_\_  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

**Details of Internship\_ Industrial Training\_ Academic Attachment) (UG)**

<b>Programme</b>	:	
<b>Year</b>	:	

Sl. No	Roll No	Name of the Student	Organization	Duration	
				From (dd-mm-yy)	To (dd-mm-yy)
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**Coordinator**

**Head of the Department**

*This consolidated statement of Internship / Industrial Training / Academic Attachment details must be submitted to the Academic Office before the commencement of the Internship / Industrial Training / Academic Attachment.*

**OFFICE USE**

<b>Date</b>	:	
<b>Associate Dean (Academic) / UG</b>	:	