

Internship cell

DHSK COLLEGE (AUTONOMOUS)

Reaccredited Grade 'A' By NAAC

K.C. Gogoi Path, Dibrugarh-786001

Email: dhscollegeinternshipcell@gmail.com

Mobile No.: +91-7002527578



Session: 2025-26

REGISTRATION FORM (For FYUGP 5th Semester Students)

INTERNSHIP and COMMUNITY ENGAGEMENT

Date of Application: ____/____/____

1. Student Details –

Name of the Student: _____ Roll No.: _____

Programme: _____ Department: _____

Contact Number: _____ Email ID: _____

2. Internship/Community Engagement Details -

Name of the Internship/Community Engagement Providing Organization: _____

Address of the Organization: _____

Name of Supervisor at Organization: _____

Contact Details of Supervisor: _____

Proposed Duration: From ____/____/____ to ____/____/____ Total No. of Hours: _____

3. Nature of Internship/Community Engagement (Tick as applicable): -

- ☐ Industry/Corporate Internship (for Employability)
- ☐ Research Internship (for Developing Research Aptitude)
- ☐ Government Office Internship (Administration/Policy Exposure)
- ☐ Community Engagement (NGOs/Social Outreach/Service)
- ☐ Entrepreneurship/Start-up Internship
- ☐ Healthcare & Life Sciences Internship
- ☐ IT/Software & Emerging Technologies Internship
- ☐ Environmental & Sustainable Development Engagement
- ☐ Education/Mentoring/School Outreach Programme
- ☐ Other (Specify): _____

4. Source of Internship/Community Engagement Opportunity (Tick as applicable): -

- ☐ Listed by Internship Cell (DHSK College Autonomous)
- ☐ Self-arranged by the student (with prior approval)
- ☐ Through Department/Faculty Recommendation
- ☐ Through Government/University Schemes or MoU
- ☐ Other (Specify): _____

5. Declaration by the Student

I hereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of the Internship Cell, DHSK College Autonomous. I understand that my participation in internship/community engagement shall not hamper my academic classes, attendance and other academic commitments. I shall adhere to all safety, ethics, confidentiality, and institutional protocols of the internship provider.

Date: ____/____/____

Signature of the Student

Place: _____

Name of the student _____

6. Recommendation of the Head of the Department

Name: _____

Comments (if any): _____

Date: ____/____/____

Signature & Seal

7. Mentor Allocation and Acknowledgement

Name of Mentor: _____

Date: ____/____/____

Signature of the Mentor

8. For Office Use (Internship Cell, DHSK College Autonomous)

Comments of Nodal Officer: - ☐ **Approved** ☐ **Not Approved**

Remarks (if any): _____

Date: ____/____/____

Signature of Nodal Officer

Important Instructions:

1. Students opting for self-arranged internships must submit detailed proposals for prior approval.
2. Internship should align with the objectives of the FYUGP/FYIPGP guidelines.
3. A completion certificate and project report must be submitted upon completion.
4. Students must maintain regular contact with assigned mentors during internship.