

## सूचना

सत्र : 2024–2028 के सभी विद्यार्थियों को सूचित किया जाता है कि इंटर्नशिप (Internship) के लिए वही विद्यार्थी योग्य होंगे जो सेमेस्टर 1 और सेमेस्टर 2 की परीक्षाओं में उत्तीर्ण (Pass) हों तथा सेमेस्टर–3 और सेमेस्टर–4 की सभी परीक्षाओं में शामिल (Appear) हुए हों।

अतः योग्य विद्यार्थियों को निर्देशित किया जाता है कि कॉलेज की वेबसाईट (Website) और विभागीय समूह (Whatsapp Group/Telegram Group) में उपलब्ध इंटर्नशिप सहमति प्रपत्र (Internship Consent Form) को अपनी अभिरुचि के अनुरूप संस्था के विवरण के साथ भरकर अनिवार्य रूप से दिनांक–22.05.2026 तक अपने विभाग में जमा करेंगे।

*Adhwa*  
13.5.26  
प्रधानाचार्य  
**Principal**  
जगजीवन कॉलेज, आरा।  
Jagjwan College, Ara

## **JAGJIWAN COLLEGE, ARA**

### **Internship Consent and Information Form (2024-2028)**

To be filled by students and submitted to their concerned departments:

#### **1. Student Personal Information**

<b>Department:</b>	
<b>Name:</b>	
<b>Gender: ( ) Male ( ) Female</b>	
<b>University Roll No.</b>	
<b>Registration No.</b>	
<b>Session &amp; Semester:</b>	
<b>Contact Number:</b>	
<b>Email ID:</b>	

#### **2. Internship Details**

<b>Name of Organization/Firm:</b>	
<b>Organization Registration Number:</b>	
<b>Organization Address:</b>	
<b>Organization Contact Number:</b>	
<b>Internship Start Date:</b>	
<b>Internship End Date:</b>	
<b>Total Duration (in hours):</b>	

#### **3. Student Declaration**

I hereby declare that —

1. The above information provided by me is true to the best of my knowledge.
2. I will keep my department/college informed and follow all rules and regulations of the organisation during the internship.
3. I understand that internship is part of my academic curriculum and I will complete it on time and submit the report **(on the basis of daily activities logbook maintained during internship by the students)**.
4. In case of any incident/accident during the internship, I will not hold the college/department responsible.

Student Signature: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_

#### **4. Department Approval (For Office Use Only)**

Head of Department/Principal/NEP Coordinator Signature & Seal: \_\_\_\_\_ Approval Date: \_\_\_\_\_