



SUMMER INTERNSHIP PROGRAM-2019
DEPARTMENT OF ELECTRICAL ENGINEERING
UNIVERSITY COLLEGE OF ENGINEERING (AUTONOMOUS)
OSMANIA UNIVERSITY: HYDERABAD-500 007
Phone No.: 27098628, 27682382, e-mail ID: eedouce@osmania.ac.in



APPLICATION FORM

1.Name of the Applicant:	Passport size photograph
2. Research topic (if any) (100 words description)	
3. Duration : 3/4/5 weeks	
4. Name and Address of the Institution/University	
5. Department	
6. Degree Pursuing	
7. Subject Specialization (if any)	
8. Category (General/OBC/SC/ST)	
9. Gender	

10. Mother's Name	
11. Father's Name	
12. Person with Disability If YES, Type of Disability	YES/NO
13. Address for communication	
14. Email ID and Mobile No.	
15. List of attachments	1) Resume 2) Bonafide certificate 3) ID

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you about any changes therein, immediately. In case any of the above information is found to be false, I am aware that I may be held liable for it.

Signature of the Applicant with Date

Signature of Head of the Institution with Stamp

Note: Sign and scan the application. Send it to eedouce@osmania.ac.in before due date with Attachments (S. No. 15)

OFFICE USE

Applicant Name: _____ DD No: _____ Date: _____

Departmental Coordinator
Training and Development Centre

Head
Dept. of Electrical Engineering