



**Office of Alumni Affairs & International Relation
Indian Institute of Technology Kharagpur**

**Request for NoC by IIT Kharagpur students for undertaking foreign internship
(NOC to be issued by Dean OR/ADeanAA&IR)**

| Applicant details (to be filled in by student) | | | |
|--|---|---|------------------|
| Name : | | | |
| Email ID : | | Contact Number : | |
| Roll Number: | | Degree enrolled in: | |
| Department/ School/ Centre: | | Expected date of graduation: | |
| Proposed Foreign internship details (to be filled in by student) | | | |
| Host organization (University/ Institute/ Laboratory) with full address: | | | |
| Title of Project/ activity: | | | |
| Name, title and contact of mentor/host: | | | |
| Start date of internship: | | End date of internship : | |
| Source of funding: | Self / Scholarship | Details: | |
| Received/ Pending (Tick one) | | | |
| Deadline for NoC to reach host organization*: | | | |
| Undertaking by student: | <ul style="list-style-type: none"> • My internship does not violate any academic schedule or policy of IIT Kharagpur. I take full responsibility for my conduct during my visit and agree to strictly follow all guidelines laid down by my host university and host country and I understand that I am answerable to the Dean AA & IR and Dean SA in case of any misconduct that may harm the Institute's reputation. • Once I accept the offer of an internship, I shall not renege on my acceptance, nor accept any other offer for internship. • I shall keep OAA& IR informed about internship offers I receive/accept/decline. • Failure to comply with the above may adversely affect my placement opportunities | | |
| Post Completion Requirements (Write NA if not applicable) | | | |
| I am using this form for (tick one): | An application made rough OIR or FTP | Requesting NOC from Associate Dean, AA & IR | Other (specify): |
| Signature of student with date: | | | |
| Departmental Approval (to be filled in by Dept./School/ Centre) | | | |
| Approval: | Approved / Not Approved | | |
| Faculty Advisor Signature with date: | | | |
| Forwarded by Head (signature with seal and date): | | | |
| Approval | | | |
| Forwarded by Chairman CDC (signature with seal and date): | | | |
| Approval by ADean AA&IR/DeanOR (signature with date) | | | |

Please note: Kindly return this signed form to OAA& IR for further processing.

*The completed application must be received at least two weeks before the deadline at the host organization