

ALAGAPPA UNIVERSITY





Karaikudi-630003

UNIVERSITY SCIENCE INSTRUMENTATION CENTRE

Registration Form for Internship

	Date:
Name:	
Position:	Department:
Institution with Address:	
Email ID/Mobile:	
Choice of Equipment:	
DD NoRs.6000/- (In favour of The Registrar, Alagappa University, Kara	ikudi)
Expected Internship Period (2 weeks without break):	
Signature of the applicant	
If the applicant is a faculty or a research scholar	
Signature of the Guic with seal	le Signature of the HoD with seal
For Office Use:	
	Director