

Bidhan Chandra Krishi Viswavidyalaya

Mohanpur, Nadia – 741252, West Bengal, India

1. Personal Details of the Applicant

- Full Name of the Applicant: _____
- Name of the Present Institute/University: _____
- Course/Programme Enrolled: _____
- Duration of Internship (in months): _____
- Proposed Period of Internship: From _____ (Month/Year) to _____ (Month/Year)

2. Details of the Proposed Internship at BCKV

- **Proposed Supervisor at BCKV:**
 - Name: _____
 - Department: _____
- **Present Communication Address:**
 - Mobile Number: _____
 - Email ID: _____
 - Aadhaar Number: _____

3. Declaration by the Applicant

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide by all the rules and regulations related to the Internship Programme as prescribed by **Bidhan Chandra Krishi Viswavidyalaya (BCKV)** from time to time.

Signature of the Applicant

Date: _____

CERTIFICATIONS & APPROVALS

4. No Objection Certificate (To be provided by the Present Institution of the Student)

This is to certify that **Mr./Ms.** _____, a student of this institute/university, has been permitted to pursue Internship at **Bidhan Chandra Krishi Viswavidyalaya (BCKV)** for the duration mentioned above.

Signature of the Head of the Institution

Name: _____

Designation: _____

Seal of the Institution

Date: _____

5. Consent of the Proposed Supervisor at BCKV

I hereby agree to supervise the Internship of **Mr./Ms.** _____ in my department. I also confirm that the total number of interns under my supervision, including the present applicant, is within the prescribed limit as per BCKV guidelines.

Signature of the Supervisor

Name: _____

Department: _____

Seal of the Department

Date: _____

6. Recommendation by the Head of the Department

I have no objection to **Prof./Dr.** _____ supervising **Mr./Ms.** _____ as an intern in this department.

Signature of the Head of the Department

Name: _____

Seal of the Department

Date: _____

7. Approval by the Dean of the Faculty

The internship application of **Mr./Ms.** _____ is hereby approved, subject to the payment of the Internship Fee of ₹ _____ (Rupees _____ only).

Signature of the Dean of the Faculty

Name: _____

Seal of the Faculty

Date: _____

8. Receipt of Internship Fee (To be filled by the Comptroller's Section, BCKV)

Received a sum of ₹ _____ (Rupees _____ only) from **Mr./Ms.** _____ as Internship Fee.

Signature of the Official

Designation: _____

Comptroller's Section, BCKV

Official Seal

Date: _____