



INDIAN INSTITUTE OF TECHNOLOGY KANPUR
OFFICE OF OUTREACH ACTIVITIES
(INTERNSHIP PROGRAM)
Registration/Joining Form

Name: _____

Father's Name: _____

DOB: _____

Student's Degree: _____

Date of Joining: _____

Duration: _____ to _____

Department: _____

Institute/Organization: _____

Permanent Address: _____

Email: _____

Mobile Number: _____

Parent's Mobile Number: _____

Area of Research Interest: _____

Guide's Name: _____

I hereby solemnly and sincerely declare that I will complete the program with full discipline.

Student's Signature

Guide's Signature

Professor-in-Charge
(OOA)