



DEPARTMENT OF MECHANICAL ENGINEERING
NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA
SURATHKAL
P. O. SRINIVASNAGAR, MANGALORE 575025

Format to request for NOC towards Internship/Practical Training

1.	Name							
2.	Roll. No.							
3.	Semester							
4.	Name of Organization							
5.	Date of Commencement (DD/MM/YYYY)	Date of Completion (DD/MM/YYYY)						
	<table border="1" style="width: 100%;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>				<table border="1" style="width: 100%;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table>			
6.	Nature of Internship/Practical Training	<input type="checkbox"/> ONLINE <input type="checkbox"/> ON-SITE (Tick One)						
7.	<u>Sign the appropriate declaration</u>							
	If ONLINE	If ON-SITE						
	<p style="text-align: center;"><u>Declaration</u></p> <p>I the above mentioned state that my Online Internship/Practical Training duration is not overlapping with academic schedule of NITK. In case, if it overlaps I will not request for concession in any academic related activities prescribed the Instructor/Department</p> <p>Signature: _____</p> <p>Name: _____</p>	<p style="text-align: center;"><u>Declaration</u></p> <p>I the above mentioned will undergoing this On-Site Internship/Practical Training at my own responsibility and will follow all the precautions with reference to Covid-19. Also, I undertake to complete the same before the commencement of forthcoming Semester.</p> <p>Signature: _____</p> <p>Name: _____</p>						

Signature and Name of the Faculty Advisor

Date:

Note: Duly filled request should be sent to Faculty Advisor in either pdf or word format. After ensuring the completeness and the overlap of Internship/Practical Training dates, Faculty Advisor will forward it to HoD, who will forward the same for issue of NOC by CDC

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