



Birla Institute of Technology & Science, Pilani

BITS Pilani, Dubai Campus

بيٲس بلاني، دبي كامبوس

Internship Application Form (For External Students)

Personal information:

Date:

Full Name: _____ Date of Birth: _____

Gender: Male or Female

Education:

Title of Degree: _____ Year of enrollment: _____

Year of expected graduation: _____ Discipline: _____ Marks Obtained/(%age/ CGPA): _____

Name of Univ. / Degree awarding Institute: _____

Applicant's Contact Details:

Phone No.(Res): _____ Mobile No: _____

Email: _____ Address: _____

Tentative Topic:

Duration:

Expected period (month/year – month/year):

(If a BITS Dubai faculty has been contacted, please provide the details below)

Prof./Dr.:

Department:

The above Student (Name)..... (Institute ID).....is a bona-fide student of our institution and is permitted to do the internship at BITS Pilani Dubai Campus as per the details above.

Principal/HoD of External Organization Signature

Applicants Signature

Seal:

For BPDC Office use only:

Comments:

Supervisor, BPDC	Head of the Department
International Programmes and Collaboration, BPDC	Director, BPDC