



## APCOMS

### REGISTRATION FORM FOR MBA/BBA INTERNSHIP

#### PERSONAL INFORMATION:

|                        |                       |
|------------------------|-----------------------|
| Name: _____            | Father's Name: _____  |
| Discipline: _____      | Session: _____        |
| Roll No: _____         | Group: _____          |
| Contact No: _____      | E Mail Address: _____ |
| Mailing Address: _____ |                       |
| _____                  |                       |

Organization Name: \_\_\_\_\_

Topic: \_\_\_\_\_

Brief Description:

\_\_\_\_\_

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The available time limit for completing internship project report is 12 months immediately after completion of course work. I would submit the report before \_\_\_\_\_. I understand that upon failure to submit report in time I will be considered failed and I will have to repeat the whole process again.

**TOPIC APPROVED / NOT APPROVED**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Head of Department's Signature