



सकुल नवप्रवर्तन केन्द्र
CLUSTER INNOVATION CENTRE

दिल्ली विश्वविद्यालय (UNIVERSITY OF DELHI)
रग्बी सेवेन्स बिल्डिंग, यूनिवर्सिटी स्टेडियम, जीनारंग रोड सी.,
दिल्ली यूनिवर्सिटी, दिल्ली-110007, फोन न27666702 .
Rugby Sevens Building, University Stadium, G.C.Narang Road,
University of Delhi, Delhi-110007, Ph. 27666702

Ref. No.CIC/2024/ 154/
Date: 08.02.2024

Notice

The following students have been selected for the Student Internship Scheme 2023-24 for the duration of six months.

S. No	Student's Name	Program	Semester
1.	Abhishek Bhardwaj	B.Tech (I.T & M.I)	V
2.	Arpita Kesharwani	B.Tech (I.T & M.I)	V
3.	Aryan Sharma	B.Tech (I.T & M.I)	III
4.	Divya Gautam	M.Sc (Maths Education)	III
5.	Ishika Rai	B.Tech (I.T & M.I)	VII
6.	Madhugula Jayaram	B.Tech (I.T & M.I)	V
7.	Mehak Sood	B.Tech (I.T & M.I)	VII
8.	Siddharth	B.Tech (I.T & M.I)	III
9.	Sreya S. Motti	B.A Hons (H&SS)	III

The selected students must submit the attached consent form to the office latest by **12.02.2024 (Monday)**.


08/02/24
Director, CIC

<http://ducic.ac.in>



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STUDENT INTERNSHIP SCHEME CLUSTER INNOVATION CENTRE UNIVERSITY OF DELHI

CONSENT FORM: 2023 - 24 (To be submitted by the selected intern)

The Director
Cluster Innovation Centre
University of Delhi, Delhi - 110007

Dear Madam

I am submitting my consent for the Student Internship Scheme of Cluster Innovation Centre. My particulars are as follows:

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Date of Birth: Day _____ Month _____ Year _____
5. Nationality: _____
6. Category (UR/ OBC/ EWS/ SC/ ST/ PwBd/ Any Other (specify): _____
7. Mobile No. _____ Email: _____
8. Permanent Address: _____

9. Course enrolled in: _____ Semester: _____
10. Title of the proposed project: _____

11. Name of the Mentor: _____

Bank Details:

Name of the Account Holder: _____

Name and Address of the Bank _____

State: _____ District: _____

Branch: _____

Bank Account No. _____

IFSC Code: _____ MICR Code: _____

Undertaking/ Declaration

1. I declare that I do not have any other internship from any organization/ institute.
2. I declare that I shall be governed by the disciplinary jurisdiction of the authorities of University of Delhi who may be vested with powers to execute discipline actions.
3. I understand that I will have to provide my monthly report each month duly signed by my supervisor to the committee.
4. I understand that I will have to give a presentation after a period of three months for the evaluation of the progress of my project to the committee. If the performance is not found satisfactory the stipend may be terminated before the time duration without assigning any reason thereof and without prior notice. The committee may also recover the stipend given to me.
5. I understand that I will only be given a stipend of Rs. 10,000/- per month and the centre is not liable to provide any other fund for my project.
6. I understand that the centre may have the right to discontinue the scheme at any time.

Date: _____

Signature of the Intern

Name and Signature of
mentor

Signature of the Director

