



# संकुल नवप्रवर्तन केंद्र

## 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

Ref. No. CIC/2025/ 572

Date: 11.06.2025

### NOTICE

The following students have been selected for Student Internship Scheme 2025-2026 for the duration of six months.

S.No	Name of the student	Program	Semester
1.	Abhitatha Roy	B.Tech (I.T & M.I)	IV
2.	Debasmi Basu	B.Tech (I.T & M.I)	IV
3.	Navtez Singh Bhambra	B.Tech (I.T & M.I)	IV
4.	Omansh Rai	B.A (Hons) Humanities & Social Sciences	IV
5.	Ravina Rastogi	B.Tech (I.T & M.I)	II

The selected students must submit the attached consent form to the office latest by 30<sup>th</sup> June 2025.  
The Internship will commence from 01.08.2025.

**Director, CIC**

निदेशक / Director

संकुल नवप्रवर्तन केंद्र / Cluster Innovation Centre  
दिल्ली विश्वविद्यालय / University of Delhi  
दिल्ली-110007 / Delhi-110007

# STUDENT INTERNSHIP SCHEME CLUSTER INNOVATION CENTRE UNIVERSITY OF DELHI

## CONSENT FORM: 2025 - 26 (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

