

B.P. Chaliha College, Nagarbera
(Affiliated to Gauhati University, Guwahati)
P.O. Nagarbera, Dist. Kamrup, Assam – 781127
Internship Programme Application Form - July 2026

(For FYUGP 4th Semester Students)

As a mandatory part of the syllabus under NEP 2020, Gauhati University

Collaborating Partner: Name of organization/institution

(A institute/company/organisation registered under the Government of India/Assam)

Instructions for Students:

- Please fill out all sections accurately and completely.
 - Submit the completed form to your respective Head of Department (HOD) by **[June 30, 2026]**.
 - The internship will be for a minimum of 120 hours, preferably during the summer break between the 4th and 5th semesters (July 2026).
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Section 1: Personal Details

1. **Full Name:** (In Block Letters)
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2. **Date of Birth (DD/MM/YYYY):** _
3. **Gender:** Male / Female / Other (Please specify)
4. **Gauhati University Registration Number:**
5. **Programme Name (e.g., B.A., B.Sc., B.Com.):** FYUGP
6. **Major Subject:**
7. **Contact Number:**
8. **Email Address:**
9. **Permanent Address:**

Village: _____ District: _____ Pin Code: _____

State: _____

Section 4: Declaration

I, _____ (Full Name), a student of FYUGP 4th Semester, B.P. Chaliha College, Nagarbera, hereby declare that the information provided in this form is true and correct to the best of my knowledge and belief. I understand that this internship is a mandatory component of my FYUGP syllabus as per Gauhati University guidelines. I agree to abide by all rules and regulations of B.P. Chaliha College, Gauhati University, and(Name of the organization) during the internship period. I also understand that failure to complete the internship satisfactorily may affect my 5th semester results.

Date: _____

Place: _____

Signature of Student: _____

Section 5: For Official Use Only

Head of Department (HOD) Endorsement:

This is to certify that Mr./Ms. _____, Roll No. _____, is a bona fide student of FYUGP 4th Semester in the Department of _____. The student's application for the internship with in July 2026 is hereby endorsed.

Remarks (if any):

Signature of HOD: _____

Name of HOD: _____

Department:

Date: _____

(Seal)

Signature of Internship Cell/departmental Nodal Teacher: _____

Name of Internship Cell/departmental Nodal Teacher: _____

Date: _____

IPO (For their records and confirmation)

Internship Application Status:

- **Selected for Internship:** Yes / No
- **Internship Start Date:** _____
- **Internship End Date:** _____
- **Assigned Mentor/Supervisor:** _____
- **Department/Project:** _____

Signature of Authorized Signatory, IPO.: _____

Name: _____

Designation: _____

Date: _____

(Organisation Seal)

FORWARDING FORM

B.P. Chaliha College, Nagarbera

(Affiliated to Gauhati University, Guwahati)

P.O. Nagarbera, Dist. Kamrup, Assam - 781127

Internship Programme Forwarding Form - July 2026

(For FYUGP 4th Semester Students)

As a mandatory part of the syllabus under NEP 2020, Gauhati University

Section 1: Personal Details

1. **Full Name:** (In Block Letters) :
2. **Gender:** Male / Female / Others (Please specify) :
3. **Gauhati University Registration Number:**
4. **Programme Name (e.g., B.A., B.Sc., B.Com.):** FYUGP
5. **Major Subject/Minor Subject:**
6. **Contact Number:**
7. **Email Address:**
8. **Permanent Address:**

Village: _____ District: _____ Pin Code: _____

State: _____

Section 2: For Official Use Only

Head of Department (HOD) Endorsement:

This is to certify that Mr./Ms. _____, Roll No. _____, is a bona fide student of FYUGP 4th Semester in the Department of _____. The student's application for the internship with in July 2026 is hereby forwarded to the IPO.

Signature of HOD: _____

Department:

SEAL

IPO (For their records and confirmation)

Internship Application Status:

- **Selected for Internship:** Yes / No
- **Internship Start Date:** _____
- **Internship End Date:** _____
- **Assigned Mentor/Supervisor:** _____
- **Project Name:** _____

Signature of Authorized Signatory, IPO.: _____

Name: _____

Designation: _____

Date: _____

(Organisation Seal)



BIMALA PRASAD CHALIHA COLLEGE, NAGARBERA



Activity Log Book for Internship Programme 2026

Department of

Name of the Student.....

Class.....

Name of the College: B.P.Chaliha College, Nagarbera

GURoll No.....

Registration No.....

Session.....

Period of Internship: From.....to.....

Area/Field/Course of Internship.....

Name of Mentor (Teacher).....

Name of Internship Supervisor.....

Name & Address of Internship Providing Organization (IPO).....

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Signature of the Head of IPO

