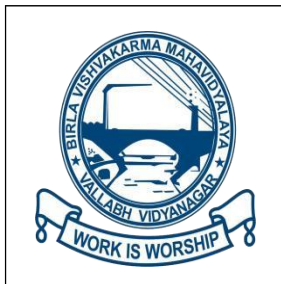


Title of the Internship: \_\_\_\_\_



**BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE  
VALLABH VIDYANAGAR -388120, GUJARAT, INDIA  
TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME FUNDS  
(TEQIP FUNDS)  
Proposal for Organizing Internship**

**Ref No.:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Activity Type:** \_\_\_\_\_

**Title of the Internship Programme:** \_\_\_\_\_

\_\_\_\_\_

**Domain of the Internship (specify):** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Proposed Dates:** \_\_\_\_\_

**Name of the Organizing Department/s:** \_\_\_\_\_

\_\_\_\_\_

**Name of the Coordinator:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Name of the Co-coordinator:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**Objective(s) of the Programme:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expected Participants**

1. UG Students: \_\_\_\_\_ PG Students: \_\_\_\_\_ Research Scholar: \_\_\_\_\_ Total: \_\_\_\_\_

2. Internal Participants: \_\_\_\_\_ External Participants: \_\_\_\_\_ Total: \_\_\_\_\_

**Proposed Activities** (Orientation/Training,/Projects,/Experiment/ Programming / coding/ Problem-solving/ CAD drafting/design software training/ Innovation and startup awareness, Report Writing, Presentation etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Expected Outcomes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of the Internship: \_\_\_\_\_

**Details of Internal Resource Persons\*(Please attach proposed time table):**

S N	Name and Designation	Address with email and Contact no.	Topics	No of Lectures
1				
2				
3				
4				

**Details of supporting staff (Technician & Peon) (Please attach proposed time table):**

S N	Name and Designation	Address with email and Contact no.	Topics & Place	No of hours
1				
2				
3				
4				

**Details of External Resource Persons: (Please attach proposed time table.)**

S N	Name and Designation	Address with email and Contact no.	Topics	No of Lectures
1				
2				
3				
4				

**Proposed Budget:[ Refer "Guidelines of utilization Norms to TEQIP Funds"]**

S N	Purpose	Quantity	Maxi Unit cost (Rs.)	Total Amount
1	Honorarium to invited experts			
2	Travel for invited experts			
3	Boarding and lodging charges for invited experts			
4	Honorarium to Internal experts			
5	Honorarium to Internal Technician and peon if any			
6	Printed training material/Consumables (IF any)			
7	Certificates to Experts and Participants			
8	Others (Give details: _____)			
<b>TOTAL</b>				

Title of the Internship: \_\_\_\_\_

**Expected income:**

<b>S N</b>	<b>Particulars</b>	<b>Amount (Rs)</b>
1	Registration Fees:	
2	Sponsorship (mention the source: _____)	
<b>TOTAL</b>		

**Details of Programmes organized earlier by the Dean under TEQIP Funds**

<b>S N</b>	<b>Title of Programme</b>	<b>Name, email and contact no. of coordinator and co-coordinator/s</b>	<b>No. of participants</b>		<b>Total expenditure incurred (Rs)</b>	<b>Date of Submission of the Report of the Event to TEQIP Office</b>
			<b>Ext</b>	<b>Int</b>		
1						
2						

**Undertaking**

We undertake to submit followings (in hard as well as soft copy through email) to the Coordinator, TEQIP Funds (through the, Academics Officer) within 10 days of the completion of the Internship programme:

1. Detailed report of the programme, including: name and address of the participants, actual schedule followed along with details of topics and experts, daily attendance records of the participants, and outcomes of the programme,
2. Analysis of the feedback collected from the participants (Individual feedbacks are to be kept with the department only.)
3. Photographs (soft copy only), if any,
4. Fees collected, and
5. Statement of accounts (Excel Sheet).

Internship programme Co-coordinator

Internship programme Coordinator

Name & Signature of the Head of the Department

Title of the Internship: \_\_\_\_\_

**Forwarded and recommended,**

**Academics officer, TEQIP Funds**

**Budgetary provision is checked. Payment may be released after approval of the Principal.**

**Finance Officer, TEQIP Funds**

**Coordinator, TEQIP Funds**

**Approved/Not Approved**

**Principal, BVM, Vallabh Vidyanagar**

**Seal**

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Original form is to be submitted to the TEQIP office.