



Sri Guru Gobind Singh College

Sector-26, Chandigarh - 160019

NAAC RE-ACCREDITED GRADE 'A'

POSTGRADUATE CO-EDUCATIONAL INSTITUTE AFFILIATED TO PANJAB UNIVERSITY, CHANDIGARH

(0172) 2792754, Mobile : 7341123715 | Website : www.sggscollege.ac.in

Subject: - Internship for Undergraduate Students.

Sir/ Madam

This is to certify that Mr/Ms. _____, Roll No. _____, is a bonafide regular student of the Undergraduate course, _____ of this college. As part of the curriculum of the Four-Year Undergraduate Programme prescribed by Panjab University, Chandigarh under NEP-2020, he/she is required to undergo an internship of at least 60/120 hours and submit an internship report. You are therefore requested to kindly allow the student to undertake the internship at your esteemed organization. The student is required to submit the following documents, for which we seek your cooperation:

1. Daily/Weekly Internship Activity Logbook
2. Feedback/Evaluation from Mentor
3. Internship Completion Certificate upon successful completion of the internship
4. Any other information/document required

Internship Supervisor

Dr Arshdeep Kaur
Internship Coordinator

Dr Jaswinder Singh
Principal
Internship Nodal Officer



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STUDENT INTERNSHIP REGISTRATION CUM-APPROVAL FORM Session- 2026-27

Student Details

Name: _____ Class _____ College Roll No: _____

Semester: _____ Personal Contact Number: _____ Alternate Number: _____

Email ID: _____ Address: _____

Declaration by Student

I hereby declare that the information provided by me is true and correct to the best of my knowledge. I understand that completion of 60/120 hours of internship is mandatory under the Four Year Undergraduate Programme as per Panjab University guidelines. I undertake to maintain proper conduct, follow all workplace policies and safety protocols, remain in regular contact with my college faculty supervisor, and provide timely updates. After completion of the internship, I shall submit the internship report, original certificates, and all required documents to my Internship Supervisor. I also agree to abide by all instructions issued by the college from time to time. Further, I undertake that this internship programme will not affect my regular college classes, and I shall attend all classes without seeking any exemption on account of the internship.

Signature of Student: _____ Date: _____

Name of Internship Supervisor: _____ Signature: _____

Name of Internship Coordinator: _____ Signature: _____

Name Of Nodal Officer : _____ Signature: _____

Internship Details

Organization Name: _____

Address of Organization: _____

Name of Mentor : _____ Contact Number: _____

Email ID: _____

Internship Start Date: _____ Internship End Date: _____

Total Duration (Hours): _____ (60/120 Hours Mandatory)

Approval Status

Approved

Not Approved

Remarks: _____ Signature of Mentor: _____