



INDIAN INSTITUTE OF INFORMATION TECHNOLOGY KOTTAYAM,
Kerala



INTERNSHIP PROGRAMME - 2025
CONSENT FROM IIIT KOTTAYAM FACULTY

I hereby give my consent to supervise the following applicant, for the internship program.

Name of the Intern :
.....

Course attending :
.....

Department :
.....

Name of Institute/College/
Organization :
.....

Address of the Institute/College/
Organization :
.....
.....
..... Pincode:

Is the Internship under any
Research Group :
(if yes name of Research Group)

Name of the IIITK Mentor :
.....

Department of the IIITK Mentor :
.....

(Signature of IIIT Kottayam Mentor with Date)