



Application No:

Application for Winter Internship

Name of Student	
Qualification	
Branch	
Year/Semester	
Period of training(30/45/60 days)	
Batch (1st/2nd/)	
Name of the Institution	
Address of the Institution	
AICTE Registration No.	
Region of the Institution (Northeast/Eastern/Rest of India)	
Average marks till last Semester	
Mail id for contact	
Phone number for contact	

Declaration:

I hereby declare that I have gone through the important notice section under how to apply tab in <u>www.agraxar.in</u> and in the Annexure I terms and conditions and am aware of the eligibility criteria. I here declare that the above information furnished are true to my knowledge and in case of any discrepancy, my application is liable to get cancelled.

Place:

Date:

(Name of Applicant)