



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**OFFICE OF OUTREACH ACTIVITIES**  
**(INTERNSHIP PROGRAM)**  
**.REGISTRATION FORM.**

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Student's Degree: \_\_\_\_\_

Date of Joining: \_\_\_\_\_

Duration: \_\_\_\_\_ to \_\_\_\_\_

Department: \_\_\_\_\_

Institute/Organization: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Parent's Mobile Number: \_\_\_\_\_

Area of Research Interest: \_\_\_\_\_

Guide's Name: \_\_\_\_\_

I hereby solemnly and sincerely declare that I will complete the program with full discipline.

Student's Signature

Guide's Signature

Professor-in-Charge  
(OOA)