## Appendix-III

## Consent of Internship Mentor

Name	having designation
in the organisation.	hereby extend my consent to
allow the student	of class Roll No
of Department / College / Insti	itute to do the internship
in this organisation during the	period Mr./Ms./Mrs.
or m	yself will act as an internship mentor.

Signature	Seal of the	Organization
Name:		
Designation:		
Address:		
Email Id		