

Appendix-III

Consent of Internship Mentor

I (Name).....having designation in the organization.....

Hereby extend my consent to allow the student.....of Class Roll No.of Department/College/Institute/ to do the internship..... in this organization during the period.....Mr./Ms./Mrs. or myself will act as an Internship Mentor.

Signature of Mentor

Name of Mentor

Designation:

Address:

Email:

Seal of the Organization