

BOARD OF PRACTICAL TRAINING (EASTER REGION) UNDER MINISTRY OF HUMAN RESOURCE DEVELOPMENT, GOVT. OF INDIA, DEPARTMENT OF HIGHER EDUCATION Block – EA, Sector – I (Opposite Labony Estate), Salt Lake City, Kolkata – 700064. Email: inf@bopter.gov.in, Website: www.bopter.gov.in



	INFORMATION REQUIRED FROM TECH. INSTITU	TTI	ON RE(GARDIN		<u>Form: INT-01/17</u> PROGRAM
A.	Name of the Institution (Capital Letters)	:				
	Category (√)	:	Pvt.	Govt.	Govt. Aided	Deemed Univ.
	Name of Director/Principal/VC	:				
	Email	:				
	Phone No.	:				
	Postal Address	:				
B.	Name & Designation of the Coordinator dealing Internship	:				
	Mobile No.	:				
	Email	:				
C.	University/State Board of Technical Education to which Institution is affiliated	:				
	Is this B.Tech./Diploma Program Approved by AICTE? ($$)		YES		NO]
D.	Employment/ Placement information for the last batch			students] provide m	placed andatory details o] n overleaf)
E.	Internship presently being arranged ($$)	:	YES		NO]
	If YES, (Attach separate sheet)					
	1. Branch of Engineering	:				
	2. Number of Students for Internship	:				
	3. Name & Address of Industry	:				
F.	Do you require more training seats for Internship? ($$) If YES,	:	YES		NO]
	1. Branch of Engineering	:				
	2. Number of Students for Internship	:				
	3. Month(s) in which Internship is required	:				
G.	Is Internship is a part of curriculum? ($$) If YES,	:	YES		NO]
	1. Branch of Engineering	:				
	2. Period in Week/Days	:				
	3. Preferable Month(s)	:				

D. Employment/Placement Information for the Last Batch (Year.....)

Sl. No.	Name of the employer	Complete postal address of the employer	Contact person with designation	Contact No.	Email ID.	Branch/Discipline of Engg./Tech.	Number of Students employed

Note: Please attach additional sheets, if required.

Signature of Director/Principal/VC (with seal)

Date: Place: