



SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY,
SURAT

सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सुरत

DEPARTMENT OF MECHANICAL ENGINEERING

यांत्रिक अभियांत्रिकी विभाग



Date: 10/10/2025

Notice: Reg. Internship in 8th Semester

Attn: B.Tech. VIIth semester (Mech. Engg.) students, A.Y. 2025-26

All the B.Tech. 7th semester students are hereby informed that they have to submit the information regarding their proposed internship (to be commenced from January 2026) in their 8th semester in the enclosed form on or before **7th November, 2025**. The completely filled and duly signed form must be submitted to Mrs. Jigisha / Mr. Minesh in the office of the department.

Dr. Shailendra Kumar

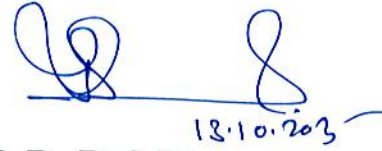
Dr. Sandeep Soni

Dr. Shailesh Pandya


10/10/2025




10/10/2025


13.10.2025

HoD, DoME

विभागाध्यक्ष / HEAD

यांत्रिकी अभियांत्रिकी विभाग

Department of Mechanical Engineering

स.व.रा.प्रौ.सं., सुरत-७ / S.V.N.I.T., Surat-7.

Encl:

Internship Form



**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY,
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B. Tech. 8th Semester (Jan-May 2026)

Internship Form

Name of Students	:			
Admission Number	:			
Select appropriate option for Internship Work Place other than SVNIT Surat and fill up the following details	:	ASHINE/ Industry/ Start Ups/ IITs/R & D Organization/ NITs/ @DoME – SVNIT (Strike out other options)		
If ASHINE/ Industry/ Start Ups/ IITs/R & D Organization/ NITs is proposed as Internship Work Place (External Internship)				
If (ASHINE/ Industry/ Start Ups/ IITs/R & D Organization/ NITs)	:	Fill following seven rows (Attach relevant document – sanction letter, or email communication for joining industry/ ASHINE/ Startup)		
Name of the work place for Internship	:			
Address	:			
Product/Service Profile	:			
Mentor Name with Designation and Contact Detail (Email and Phone)	:			
Problem Statement or Work Assignment/ Area of work (if available)	:			
Duration (Tentative)	:	From (DD/MM)		Till (DD/MM)
Internal mentor (faculty from DoME)	:	Department Faculty Name		Signature
If SVNIT Surat is proposed as Internship Work Place (Departmental Internship)				
If @ DoME - SVNIT	:	Fill the following three rows		
Supervisor Name and Sign (Include Co-Supervisor Details if any)	:	Department Faculty Name		Signature
Problem Statement or Work Assignment	:			
Student Signature	:			

Note: Copy of Email and/or letter from the organization / Institute (on letter head) must be attached along with this form.