**KARUNYA INSTITUTE OF TECHNOLOGY AND SCIENCES**



(Declared as Deemed to be University under Sec. 3 of the UGC Act 1956)

Karunya Nagar, Coimbatore – 641 114

Department of Aerospace Engineering

**BONAFIDE REQUEST FORM**

*(To be filled-in by student & submitted to the mentor for any requirements from office)*

|  |  |
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| BONAFIDE CERTIFICATE | PROJECT (FULL/HALF) |
| IN-PLANT TRAINING | IAESTE |
| INTERNSHIP |  |

(Tick whichever is applicable)

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

Reg. No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year : Branch: Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB :\_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_\_ Hostel : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room No.: \_\_\_\_\_\_\_\_\_\_ Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose for which the Certificate is required :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(*Bona fide /In-plant Training /Internship/IAESTE /Project (Full /Half)*** *No. of days \_\_\_\_\_From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_*

Date : Signature of the Student : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**To be filled-in by the Mentor** and submitted to Department Office)

a) Class Attendance Semester Wise:

**1st sem.** **2nd sem.** **3rd sem.** **4th sem.** **5th sem.** **6th sem.** **7th sem.** **8th sem.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| b) | Overall CGPA : | |  | / Arrears | | | : |  |  |  |  |
| c) | Dress Code : |  |  |  |  |  | / Character & Conduct : | | |  |  |
| d) | Remarks / Recommendation of Mentor : | | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Mentor | Signature of | Signature of HOD |  |
| In-plant Training Co-ordinator | (Dr.G.Jims John Wessley) |  |
|  |  |

If required In-plant Training /Project (Full Address) :….………………………………………………

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Received :………………………………….