NETWORK SCIENCE RESEARCH LAB, IIIT KOTTAYAM

WINTER INTERNSHIP PROGRAMME -2026

CONSENT FROM NETWORK SCIENCE RESEARCH GROUP FACULTY

I hereby give my consent to supervise the following applicant for the internship program.

Name of the Intern: ……

Course attending: ……...

Department: ……

Name of Institute/College/ Organization: ……...

……

Address of the Institute/College/ Organization: ……

……

……Pincode: ……..

Is the Internship under any Research Group: Network Science Research Group

Name of the IIITK Mentor: ……

Department of the IIITK Mentor: ……

(Signature of IIIT Kottayam Mentor with Date)