NETWORK SCIENCE RESEARCH LAB, IIIT KOTTAYAM

WINTER INTERNSHIP PROGRAMME -2026

JOINING REPORT

Name of the Intern :

Gender :

Date of Birth :

Mobile Number (Whatsapp) :

Email :

Name and Address of the Institute/University/College :

Pincode:

Year / Semester :

Course :

Branch / Stream :

Bonafide Certificate : Submitted / Not submitted

NoC : Submitted / Not submitted

Domain / Area of Interest :

Name of the Mentor/ Supervisor :

Department of the Mentor :

Date of Joining :

Signature of Intern with Date:

Signature of Mentor with Date: