

Appendix I: Internship Undertaking

College: Government B.B.A College (Self-Finance)

Class: B.B.A - Sem: 6 Roll No. _____ Academic Year:2025-26

Student's Name: _____

Current Address: _____

GU Enrolment No.: _____

Email ID: _____

Mobile No.: _____

Aadhar No.: _____

I confirm that I agree with the terms, conditions, and requirements of the Gujarat University Internship Policy.

Student's Signature: _____

Date: _____

Declaration of parent :

Declaration of parent :

I _____ hereby confirm that my son/daughter has been engaged for internship at _____ organization as per Gujarat University rules and regulation and I permit him / her for the same. I understand that all responsibility related with internship is only my son's/daughter's and the College shall not be responsible for the same

Student's Parent name
Signature and contact
number

Mentor name and Signature

Principal

