



Patkai Christian College (Autonomous)

Chümoukedima-Seithekema, B.P.O. Patkai- 797103, Chümoukedima District, Nagaland, India

Affiliated to Nagaland University

Recognised by UGC under 2F & 12B of the UGC Act 1956 in 1988

NAAC Accreditation: Grade B++ (Fourth Cycle)

"A College with Potential for Excellence" // A Post-Graduate College

STUDENT UNDERTAKING FOR INTERNSHIP

I, _____ student of _____ Department,
bearing roll no _____ agree to:

- i) Make efforts to understand the organisational structure, services, and working conditions of the host organisation.
- ii) Maintain regular attendance and punctuality.
- iii) Dress appropriately and maintain professionalism at all times.
- iv) Follow the rules and regulations of the host organisation.
- v) Demonstrate professional behaviour and discipline
- vi) Complete assigned tasks responsibly and actively participate in work activities.
- vii) Maintain confidentiality of organisational information.
- viii) Respect mentors, supervisors, colleagues, and workplace culture.
- ix) Maintain a daily logbook by recording all the activities, tasks and learning experiences during the internship.
- x) At the end of the internship, I agree to submit the internship logbook, completion certificate, and internship report as part of academic evaluation requirements.

I will uphold honesty, integrity and professionalism throughout the internship. I understand that any misconduct on my part may result in disciplinary action.

Signature of Student: _____

Contact Number: _____

Date: _____





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PARENT/GUARDIAN CONSENT FORM FOR INTERNSHIP

I hereby permit my ward Mr/Ms _____, a student of B.A./B.Sc/B.Com/B.CA/B.Mass IV Semester to undergo internship training at

_____ from **15th**

June 2026 to 15th July 2026 or a minimum of 120 hours as part of the undergraduate curriculum under UGC–NEP 2020.

I understand that the internship forms part of the credit-based experiential learning component under the UGC–NEP 2020 Undergraduate Curriculum Framework.

I am also aware that the student will abide by the rules and safety guidelines of the host organisation during the internship period.

Parent/Guardian Name: _____

Signature: _____

Contact Number: _____

Date: _____

For Office Use:

Verified by:

	Department Internship Coordinator	Internship Nodal Officer
Name		
Signature with date		

