



INSTITUTE OF AERONAUTICAL ENGINEERING

(Autonomous)

Dundigal, Hyderabad - 500 043

FULL SEMESTER INTERNSHIP (FSI)

Student Name :

Roll no :

Address :

Phone No :

E-mail :

Branch / Section :

Full Semester Internship (FSI) opted : **SEVENTH / EIGHT**

Number of Credits Completed as of IV Semester :

CGPA as of IV Semester :

Action plan for completion of courses :

Semester	Plan of the Courses and Credits Obtained / to be Obtained			
	Regular Courses	Credits	Accelerated Courses	Credits
V				
VI				
VII				
VIII				
Total				

Name of the Internship Company / Organization :

Internship Supervisor (External) :

Internship Co-Supervisor (Internal) :

Internship Company Address :

Title of the project identified :

Date:

Signature of the Student

HOD Remarks Approved / Not Approved Faculty Mentor / Advisor (Internal) allotted: Signature of HOD	 Signature of DEAN ICT and Continuing Education
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