SUMMER TRAINING-2018

From:		
Name		
Email Id	Mob No	
Mailling Address		
_		
То		
(T	hrough proper channel)	
Sir,	mough proper channely	
	vear student of Veer	r Surendra Sai University of Technology,
Odisha, Burla ofbranch. We have a provision in the regulation that all students of		
2 nd and 3 rd year should undergo one month Internship/Training in the Summer vacation from 15.05.2018 to		
15.7.2018.		
Therefore, I request you to kindly allow me to take Internship/Training at your establishment. I		
agree to abide by the rules and regulations of your establishments provided for Internship/Training.		
		ted either to me or to the Training & .
Placement Department in the addresses g	iven above at an early da	ate.
Thanking	VOLL	Yours faithfully
Thunking	you,	Tours fullinary
Burla		
Date		(Signature of the student)
		Registration No
TRAINING	AND PLACEMENT DEP	PARTMENT
VEER SURENI	ora sai university of te	CHNOLOGY,BURLA
P.O-Burla, Engineerng College SAMBALPUR, ODISHA-768018		
www.vssut.ac.in, email-placement@vssut.ac.in		
Memo No. VSSUT/T&P/		Date
Willia No. V33017 Tally		Dute
Certified that	bearing Regist	ration No
is a student ofSemest		
be allowed to pursue industrial training/In	nternship at your establis	shment for a period of one month
during 15.5.2018 to 15.7.2018.		

Professor Training and Placement Department VSSUT,Burla