Ref.No.:- BITR/TPO/VT/2019-20/ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**To**

**Mr. /Ms. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bharat Sanchar Nigam Limited**

**Raipur, Chhattisgarh**

**SUBJECT:** Permission for Summer Training /Internship in your Organization**.**

Dear Sir/Mam,

**Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, S/D/O Shri/Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is regular student of our college, studying in \_\_\_\_\_\_\_\_\_\_semester from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department**.** He/She wishes to undergo summer training at your esteemed organization for **\_\_\_\_\_\_\_\_\_\_\_\_** weeks in the month of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** in the year \_\_\_\_\_\_\_\_\_from \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_.

Kindly permit him/her to pursue the training as a part of the vocational training/internship program inducted in his/her curriculum. The exposure & experience he/she would acquire from your organization shall be of great benefit to him/her in future. We ensure you the full cooperation, sincerity & discipline of our student during his/her training duration.

***For any further queries, please feel free to contact***:-

|  |  |
| --- | --- |
| Mr. Md. Khwaja Mohiddin | Mr. K. G. S. Sharma |
| Dean T & P | Coordinator T & P |
| Phone :+91-78698-96376 | Phone :+91-81034-83969 |
| Email ID : tpo@bitraipur.ac.in | Email ID : tpo@bitraipur.ac.in |

With Regards & Thanks,

Yours Faithfully,

**Coordinator T & P**

Ref.No.:- BITR/TPO/VT/2019-20/ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

**To**

**Mr. /Ms. /Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Bharat Sanchar Nigam Limited**

**Raipur, Chhattisgarh**

**SUBJECT:** Permission for Summer Training /Internship in your Organization**.**

Dear Sir/Mam,

The below mentioned list of student are studying in **\_\_\_\_\_\_\_\_\_\_** semester in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ department**.** They wish to undergo vocational training/internship at your esteemed organization for **\_\_\_\_\_\_\_\_\_\_\_\_** weeks in the month of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** in the year \_\_\_\_\_\_\_\_\_from \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_.

 Kindly permit them to pursue their training as a part of the vocational training/internship program inducted in their curriculum. The exposure & experience they would acquire from your organization shall be of great benefit to them in future. We ensure you the full cooperation, sincerity & discipline of our students during their training duration.

***Details are as follows***:-

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name Of Student** | **S. No.** | **Name Of Student** |
| 1 | NISHANT SHUKLA | 4 | AJAY SINGH |
| 2 | BHUSHAM NAIDU | 5 | NAVEEN GUPTA |
| 3 | MILAN SAHU | 6 | LAKSHYA THAKUR |

***For any further queries, please feel free to contact***:-

|  |  |
| --- | --- |
| Mr. Md. Khwaja Mohiddin | Mr. K. G. S. Sharma |
| Dean T & P | Coordinator T & P |
| Phone :+91-78698-96376 | Phone :+91-81034-83969 |
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With Regards & Thanks,

Yours Faithfully,

**Coordinator T & P**