



Ref.....

Date.....

PARTICULARSE OF STUDENT

1. Name..... Roll No.....

2. Branch:.....

3. Semester:.....

4. Duration of Training.....

5. Permanent Address

6. Local Address (If any at training place)

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Ph. No.

Ph. No.....

UNDERTAKING

1. During training period I will follow all rules and regulation of the company.
2. The Company will not be liable for any financial/otherwise Compensation to me in the event of any accident during training period.
3. The Company bears no financial liability towards me during training period.

(Signature of Student)

Certified that Mr./Ms.....is a bona-fide student of this Institute.

Principal



SHRI RAMNATH SINGH INSTITUTE OF PHARMACEUTICAL SCIENCE & TECHNOLOGY.

Opp. Sitholi Railway Station, Jhansi Road, Gwalior (M.P.)

Tele Fax 0751-2435475

(RUN BY- SHRI RAMNATH SINGH SHIKSHA PRASAR SAMITI, GORMI, BHIND)

Ref.....

Date.....

To,

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Sub.: Regarding in Industrial Training.

Dear Sir,

Shri Ramnath Singh Institute of Pharmaceutical Science & Technology running B. Pharmacy & M. Pharmacy.

The Institute is approved by A.I.C.T.E. PCI New Delhi, affiliated to Rajeev Gandhi Proudyogiki Vishwavidalaya, Bhopal, Govt. of M.P. in order to bridge the gap between the classroom and industrial environment and enrich the practical of students, industrial training is a part of the curriculum.

I request you to kindly provide opportunity to the student of this institute to work as a trainee in you esteemed organization.

Thanking you,

Your's sincerely

Principal