

DEPARTMENT OF COMMERCE & BUSINESS MANAGEMENT
INTEGRAL UNIVERSITY, LUCKNOW
DETAILS OF SUMMER INTERNSHIP (2019-20)

Roll.No.	
Name of Student	
Course/ Semester	
Area of Specialization	
Topic of the Report (If Any)	
Name of Company	
Date of Joining	
Duration of Internship	
Name of University Guide	
Name of Industry Guide	
University Guide Mobile No./Email ID	
Industry Guide Mobile No./Email ID	

Signature of University Guide