

SUMMER RESEARCH PROGRAMME, 2017

IDENTITY CARD

Name:		
Gender: (Tick <input checked="" type="checkbox"/>)	Male / Female	Photograph attested by the Advisor
Date of Birth		
Blood Group		
Emergency Contact no.		
Affiliation		
Department Joined		
Advisor Name		
Source of Fellowship (if any)		
Access to Library and Computer Center facilities may be granted.		
<i>This Identity Card is valid till 15th July 2017</i>		

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PROJECT COMPLETION FORM

Title of the Project Report <i>(Will be printed on Project Completion Certificate)</i>	
Advisor Declaration	<p>I certify that this candidate has successfully done a summer project with me from till And has submitted a hard/soft copy of the report to me .</p> <p style="text-align: right;"><i>Advisors signature</i></p>
Library	<p>No dues in the name of this student at the library.</p> <p style="text-align: right;"><i>Librarian</i></p>
Computer Center	<p>No dues in the name of this student at the Computer Center.</p> <p style="text-align: right;"><i>Computer Center</i></p>
Hostel	<p>This student has occupied Room number.....ofhostel from till and there is no dues in his/her name.</p> <p style="text-align: right;"><i>Hostel Warden</i></p>
Room Rent Payment	<p>A room rent of Rs.....only has been collected from the student against above said room for the period ofweeks. Receipt No.:</p> <p style="text-align: right;"><i>Cashier Signature</i></p>
Mailing Address for sending Project Completion Certificate	
Signature of the Student	
Advisor Signature	
Certified that the above named student has RETURNED/NOT RETURNED his/her IDENTITY CARD to the section.	

To be submitted to the Academic Cell of IISER Kolkata on completion of Project Duration