SELF - DECLARATION FORM

I, **[Name of the studnet]**, student of **[Name of Department]** at **[name of institute/organization]**, bearing Roll Number [ ], do hereby declare the following:

1. I declare that the information I have provided is accurate and complete to the best of my knowledge.

2. I understand that failure to comply with the above terms may result in the termination of the internship.

Signature of Student: _____
Name: kasireddy. Sai sharmila
Date: 14/05/2025
Place: vizianagaram