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