



Mount Carmel College

Autonomous, Bangalore-560052

Photo

Student Placement/Internship Registration Form

Full Name (*with Initials*):

Student Register No:

Mobile No:

Email ID:

Address for Correspondence:

Name of Course:

Area of Specialization:

Language:

Academic Details

Particulars	10 th Percentage	12 th Percentage	Degree (aggregate of 4 semesters)	PG (aggregate of 2 semesters)
Percentage				
Number of Arrears if any				

Additional Course:

Interested For: Job / Internship

Parent Contact Details

Parent Name:

Phone Number:

Declaration:

I hereby declare that the above information is true and is in the best of my knowledge. If the placement cell finds that the above information is untrue, the placement cell shall forbid the student from attending any further placements at Mount Carmel.

Student Signature with date