

**AJAY KUMAR GARG INSTITUTE OF MANAGEMENT,
GHAZIABAD
SUMMER INTERNSHIP PROGRAMME
JOINING REPORT**

Date: _____

Name of the student	
Name and Address of the Organization/Company for Summer Internship	
Exact Location of the Summer Training	
Name and Designation of the Company Guide for the SIP	
Company Guide Contact nos. (Landline) Company Guide email Id	
Organization email and website	

I, _____ (Company Guide), hereby verify that the SIP confirmation of Mr./Ms. _____ is true as per the above particulars. If any particular is found wrong, at later stage, the SIP of the concerned student shall be cancelled.

Company Guide Signature with Company Seal