## **Appendix-III**

## **Consent of Internship Mentor**

I (Name) having d	lesignation in the
organization	
hereby extend my consent to allow the	student of Class
internship	in this organization during the
period	
Internship Mentor.	विकास
( S S ) 1 1 1	3.03
// # / JULIAN	Signature
	Name:
	Designation:
	Address:
3	Email:
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