



International Summer
Internship Program
Vishwaniketan Incubation Centre
Creating Your Future

**International Summer Internship
Program (ISIP) - 2026**



PARENT'S UNDERTAKING

"Vishwaniketan Incubation Centre (VIC)", a non-profit making section 8 company existing under law of India at Survey No. 52, Kumbhivali, Nr. Khalapur Toll Naka, having its registered office at Mumbai- Pune Expressway, Tal. Khalapur, Dist. Raigad, Maharashtra, legally represented for the signature of the present agreement by Dr. S. S. Inamdar, Director, VIC. CGC-VIC is hosted in Vishwaniketan Campus, Survey No. 52, Kumbhivali, Nr. Khalapur Toll Naka.

We _____ (name of father) (holder of passport no. _____) (if Available) and _____ (name of mother) (holder of passport no. _____) (if Available) residing at _____

_____ hereby confirm that our ward _____ bonafide student of _____ studying in _____ year _____ branch has been selected to undergo International Summer Internship Program (ISIP) – 2026 in abroad universities from _____ to _____ arranged through CGC and VIC, Kumbhivali, Khalapur for 04/06 weeks in _____.

We solemnly declare and affirm that we do not have any objection for sending my ward _____ holder of passport no. _____ for International Summer Internship Program (ISIP) - 2026 in _____ and to visit few _____ for cultural exposure, as per the decisions of the coordinator.

We are aware of the guidelines given to my ward at the time of selection process. We assure you that our ward will follow the following guidelines in student's undertaking.

We agree to pay the full fee in advance with a refundable deposit of INR 10,000/- against any misbehavior/loss of property of stay and any indiscipline.

(Signature)

Father's Name: _____

Passport No: _____

(Signature)

Mother's Name: _____

Passport No.: _____

Date: _____

Place: _____