

Consent of Internship Mentor

I **Dr Ravindra Nath Tiwari** having designation **Head of Department (Geoinformatics)** in the organization **Skyline Institute of Geoinformatics Edtech** hereby extend my consent to allow the student **Sahil** of Class **MSc Geography 1st Year Roll No. 241119821022** of **Kishan Lal Public College, Rewari** to do the internship of **60Hrs** in this organization during the period **5th July 2025 to 4th August 2025** **Mr. Rakesh Chauhan** or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

Consent of Internship Mentor

I **Dr Ravindra Nath Tiwari** having designation **Head of Department (Geoinformatics)** in the organization **Skyline Institute of Geoinformatics Edtech** hereby extend my consent to allow the student **Chetan** of Class **MSc Geography 1st Year Roll No. 241119821001** of **KishanLal Public College, Rewari** to do the internship of **60Hrs** in this organization during the period **5th July 2025 to 4th August 2025** Mr. **Rakesh Chauhan** or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Monika of Class MSc Geography 1st Year Roll No. 241119821010 of Kishan Lal Public College, Rewari to do the internship of 120Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org



CERTIFICATE

“Certified that this Internship report is an original report of work done by Monika under the guidance of Internship mentor Mr. Rakesh Chohan, Ms. Bharti Sharma and Ms. Poulami Kundu and under the supervision of Internship Supervisor Dr. Kiran Bala submitted as a part of the Internship Course of Postgraduate Program of Indira Gandhi University, Meerpur”.

Dated 26/08/2025

Monika
Signature of Student

Apti
Countersigned by:
Internship Supervisor

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Jvoti vadav of Class MSc Geography 1st Year Roll No. 241119821003 of Kishan Lal Public College, Rewari to do the internship of 120Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

CONSENT OF INTERNSHIP MENTOR

I Sakshi having designation teaching head in the organization Satish Public Senior Secondary School hereby extend my consent to allow the student Rekha Yadav of Class MSc. Geography Roll No. 211191101101 of College Kishan Lal Public to do Internship Teaching in this organization during the period 01-07-2025 to 31-07-2025 Mrs. Sakshi Yadav myself will act as an internship Mentor.

Signature *Sangeeta Yadav*

Name *Sangeeta Yadav*

Designation *Principal*

Address *Satish public sr. sec. school.*

Email *spschoolrewari@gmail.com.*

Seal of the Organization

Principal
Satish Public Senior Secondary School
Rewari

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Muniya of Class MSc Geography 1st Year Roll No. 241119821012 of Kishan Lal Public College, Rewari to do the internship of 120Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org



SATISH PUBLIC SENIOR SECONDARY SCHOOL

Delhi Road, Near KLP College, Rewari-123401 (Haryana)

(A unit of Public Education Board (Regd.) Rewari)

Ph. 01274-254873, M. 8708719953 | E-mail: spschoolrewari@gmail.com

Ref. No. 25-26/15

Dated : 18/08/2025

Internship Completion Certificate

It is certified that Mr./Ms./Mrs REKHA YADAV S/D/O SUBHASH YADAV Class Msc.Geogaphy Roll No. 241119821020 of Department/ Coliege/ Institute K.L.P. College, Rewari carried out his/her internship from 01/07/2025 to 31/07/2025 in this organisation SATISH PUBLIC SENIOR SECONDARY SCHOOL (REWARI).

Remarks, if any Excellent

Date: 18/08/2025

Name of Mentor: Rekha yadar

Signature of Mentor

Designation: Principal

Address: Satish public sr. sec. school, Rewari

Email: spschoolrewari@gmail.com

Seal of the Organization

Principal

Satish Public Senior Secondary S

School Code 15205



SATISH PUBLIC SENIOR SECONDARY SCHOOL

UDISE CODE- 06170512103

Delhi Road, Near KLP College, Rewari 123401 (Haryana)
(A unit of Public Education Board (Regd.) Rewari)
Ph. 01274-264871, M. 8708719953 | E-mail: spschoolrewari@gmail.com

Ref No 25-26/19

Dated 13/08/2025

Internship Completion Certificate

It is certified that Mr./Ms./Mrs NEHA S/D/O TEJ SINGH Class Msc.Geography
Roll No. 241119821013 of Department/ College/ Institute K.L.P. College,
Rewari carried out his/her internship from 01/07/2025 to 31/07/2025 in this
organisation SATISH PUBLIC SENIOR SECONDARY SCHOOL (REWARI)

Remarks, if any Excellent

Date: 13/08/2025

Name of Mentor: Neha

Signature of Mentor

Designation: Principal

Address: Satish Public Sr Sec School

Email: spschoolrewari@gmail.com

Seal of the Organization

Principal
Satish Public Senior Secondary S.
Rewari



CERTIFICATE

"Certified that this Internship report is an original report of work done by **Sarika** under the guidance of Internship mentor Mr. Rakesh Chohan, Ms. Bharti Sharma and Ms. Poulami Kundu and under the supervision of Internship Supervisor **Dr. Kiran Bala** submitted as a part of the Internship Course of Postgraduate Program of Indira Gandhi University, Meerpur".

Dated: 26/08/2025

Kiran
Counter signed by:

Internship Supervisor

Sarika
Signature of Student



SATISH PUBLIC SENIOR SECONDARY SCHOOL

Delhi Road, Near KLP College, Rewari 123401 (Haryana)

(A unit of Public Education Board (Regd.) Rewari)

Ph. 01274-254873, M. 8708719953 | E-mail: spschoolrewari@gmail.com

Form No. 25-26/16

Dated 19/08/2025

Internship Completion Certificate

It is certified that Mr./Ms./ Mrs. **PARUL S/D/O Naresh Kumar Class**
Misc.Geography Roll No. **24119821017** of Department/ College/ Institute
K.L.P. College carried out his/her Internship from **01/07/2025 to 31/07/2025**
 in this organisation **SATISH PUBLIC SENIOR SECONDARY SCHOOL (REWARI)**.

Remarks, if any **Excellent**

Date: 19/08/2025

Name of Mentor: **Parul**

Signature of Mentor

Designation: **Principal**
 Address: **Satish Public Sr. Sec. School**
 Email: **spschoolrewari@gmail.com**
 Seal of the Organization

Principal
 Satish Public Senior Secondary

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Nikki of Class MSc Geography 1st Year Roll No. 241119821015 of Kishan Lal Public College, Rewari to do the internship of 60Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org



SATISH PUBLIC SENIOR SECONDARY SCHOOL

Delhi Road, Near KLP College, Rewari-123401 (Haryana)

(A unit of Public Education Board (Regd.) Rewari)

Ph. 01274-254873, M. 8708719953 | E-mail: spschoolrewari@gmail.com

Ref. No. 25-26/17.

Dated : 18/08/2025

Internship Completion Certificate

It is certified that Mr./Ms./Mrs RUCHI S/D/O RAJENDER Class Msc.Geography Roll No. 241119821021 of Department/ College/ Institute K.L.P. College, Rewari carried out his/her internship from 01/07/2025 to 31/07/2025 in this organisation SATISH PUBLIC SENIOR SECONDARY SCHOOL (REWARI).

Remarks, if any Excellent

Date: 18/08/2025

Name of Mentor: Ruchi

Signature of Mentor

Designation: Principal

Address: Satish public Sr. Sec. school, Rewari

Email: spschoolrewari@gmail.com

Seal of the Organization

Principal
Satish Public Senior Secondary

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Pranjal of Class MSc Geography 1st Year Roll No. 241119821018 of Kishan Lal Public College, Rewari to do the internship of 60Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Neha kumari of Class MSc Geography 1st Year Roll No. 241119821014 of Kishan Lal Public College, Rewari to do the internship of 120Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

Appendix-IV

Internship Completion Certificate

It is certified that Mr./Ms./Mrs...*Jyoti...Yadav*..... S/D/O
Class *M.Sc. 2nd yr* Roll. No *2742170005* of Department/College/Institute *K.L.P. College*
carried out his/her internship from *4.7.25* to *4.8.25* in this
organisation.....
Remarks, if any

Date:

Name of Mentor

Dr. KIRAN BALA

Designation: *Assistant Professor*

Address: *KLP College, Rewari*

Email: *geoklp204@gmail.com.*

Seal of the Organization

Kiri
Signature of Mentor

Consent of Internship Mentor

I **Dr Ravindra Nath Tiwari** having designation **Head of Department (Geoinformatics)** in the organization **Skyline Institute of Geoinformatics Edtech** hereby extend my consent to allow the student **Shivangi** of Class **MSc Geography 1st Year Roll No. 241119821025** of **Kishan Lal Public College, Rewari** to do the internship of **120Hrs** in this organization during the period **5th July 2025 to 4th August 2025** **Mr. Rakesh Chauhan** or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari

Designation: Head Of Department

Address: SIG Rohtak, Haryana

Email: info@skylinegeoinformatics.org

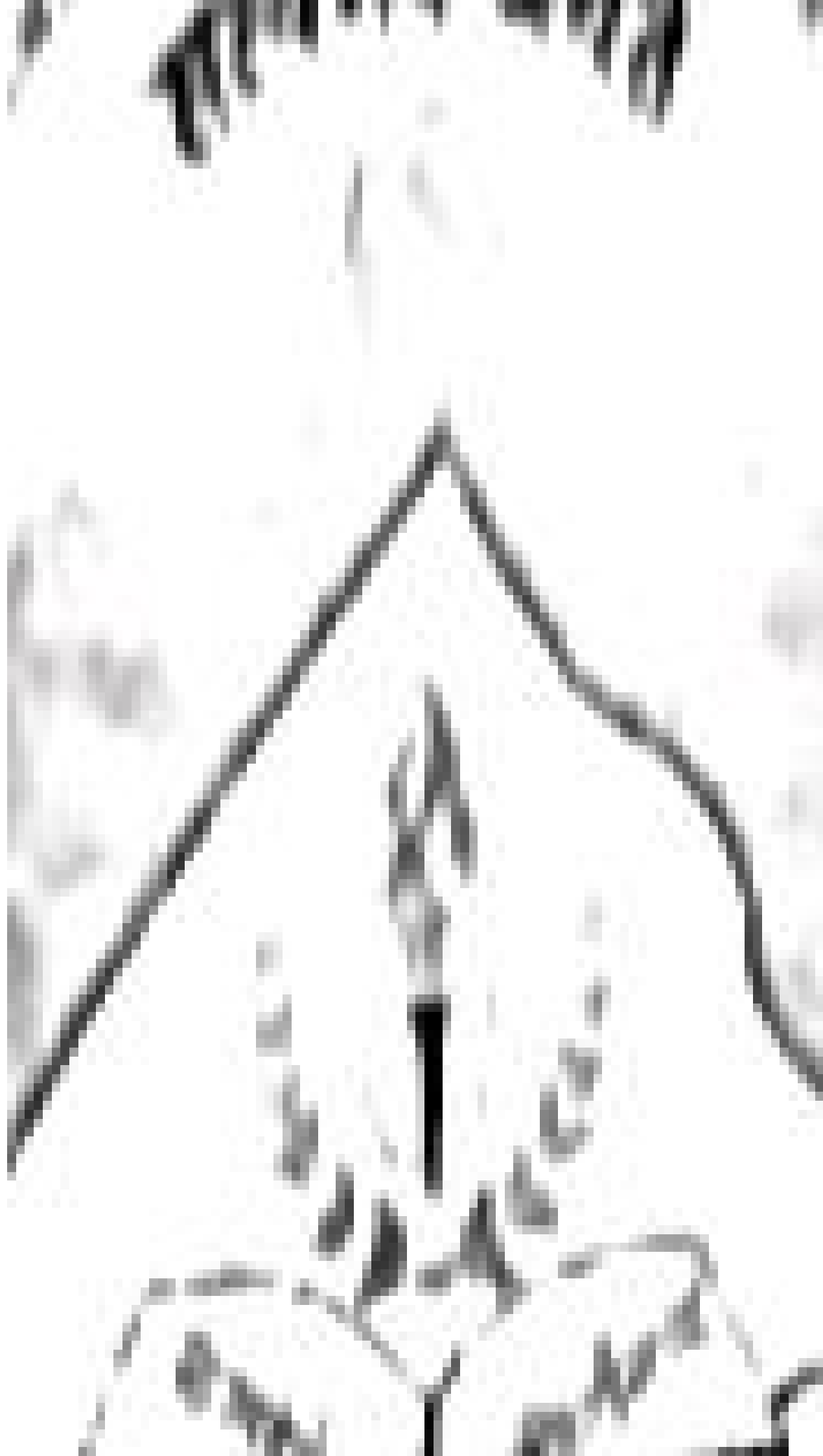
Consent of Internship Mentor

I Dr Ravindra Nath Tiwari having designation Head of Department (Geoinformatics) in the organization Skyline Institute of Geoinformatics Edtech hereby extend my consent to allow the student Kiran of Class MSc Geography 1st Year Roll No. 241119821006 of Kishan Lal Public College, Rewari to do the internship of 120Hrs in this organization during the period 5th July 2025 to 4th August 2025 Mr. Rakesh Chauhan or Myself will act as an Internship Mentor.



Stamp/Signature

Name: Dr Ravindra Nath Tiwari
Designation: Head Of Department
Address: SIG Rohtak, Haryana
Email: info@skylinegeoinformatics.org





CERTIFICATE

“Certified that this Internship report is an original report of work done by Lokesh under the guidance of Internship mentor Mr. Rakesh Chohan, Ms. Bharti Sharma and Ms. Poulami Kundu and under the supervision of Internship Supervisor Dr. Kiran Bala submitted as a part of the Internship Course of Postgraduate Program of Indira Gandhi University, Meerpur”.

Dated 26/08/2025

Signature of Student

Countersigned by:

Internship Supervisor