



GOVERNMENT POLYTECHNIC, PUNE

Industry Collaboration & Support Information Form - 2026-27

1. Basic Industry Details:

Sr.No	Field	Details
1	Name of Industry/Organization	
2	Address	
3	Pin code	
3	Email for Communication	
4	Website	

2. Contact Person Details:

Sr.No.	Field	Details
1	Name	
2	Designation	
3	Email	
4	Mobile Number	

3. Nature and Type of Organization: (Tick those applicable)

Field	Options (Please tick ✓ the appropriate option)
Nature of Business Activity	☐ Manufacturing ☐ Service ☐ IT / Software ☐ R&D / Design & Development ☐ Consulting / Technical Services ☐ Construction / Infrastructure Development ☐ Utilities / Energy / Power Sector ☐ Automation / Industrial Solutions ☐ Garment / Textile Industry ☐ Education / Training / Skilling ☐ Innovation ☐ Government / Public Sector ☐ Others (please specify): _____
Scale of Industry	☐ Micro Scale ☐ Small Scale ☐ Medium Scale ☐ Large Scale ☐ Startup

Field	Options (Please tick ✓ the appropriate option)
Nature of Ownership	☐ Government Department ☐ Public Sector Undertaking (PSU) ☐ Government-Owned Corporation / Board ☐ Private Limited Company (Pvt. Ltd.) ☐ Public Limited Company ☐ Partnership Firm ☐ Sole Proprietorship ☐ Startup ☐ LLP ☐ Any other
Legal Registration	☐ MSME Registration (Udyam/Udyog Aadhaar) ☐ PAN Registration ☐ GST Registration ☐ Registered under BOAT (Board of Apprenticeship Training) ☐ Compliant with Shops and Establishments Act

4. Infrastructure & Facilities Available:

Sr.No.	Facility	Available (Please mark applicable with ✓)
1	Tools & Machinery	
2	Software Tools	
3	Designated Workspace	
4	Internet Access	
5	Live Project Access	
6	Personal Protective Equipment (PPE)	
7	Any other facility useful for training purposes	

5. Human Resources:

Sr.No.	Field	Details / Options
1	Total number of employees	
2	Number of technically qualified professionals	
3	Availability of Industry Mentor (Minimum 2Years of Relevant Experience)	☐ Yes ☐ No

6. Annual Turnover (Optional):

Sr.No.	Approximate Annual Turnover	Select (Please mark applicable with ✓)
1	₹50 Lakhs – ₹5 Crores	
2	₹5 Crores – ₹50 Crores	
3	Above ₹50 Crores	
4	Startups	

7. Willingness for Collaboration & Internship Offering

A. Willingness to Support Institute Activities (Please tick ✓ as applicable)

- ☐ Internship for Students
- ☐ Industrial Visits for Students & Faculty
- ☐ Expert Lectures / Guest Sessions
- ☐ Providing Curriculum Inputs based on Industry Needs
- ☐ Student Placement / Recruitment Support

B. Willingness to Support Six-Month Diploma Internship (24 Weeks):

i) Internship Details:

Sr.No.	Field	Details / Options
1	Willing to offer an internship as per the Institute guidelines	For _____ number of diploma students for 24 weeks (6 months)
2	Domain areas suitable for internship (tick)	☐ CE ☐ EE ☐ ET ☐ ME ☐ MT ☐ CM ☐ IT ☐ DDGM
3	Intern Monitoring and Evaluation Support	☐ Yes ☐ No

ii) Internship Intake Capacity:

Programme	CE	EE	ET	ME	MT	CM	IT	DDGM
Male Students								
Female Students								
Total								

iii) Mode of selection of students for internship :(Please tick ✓ the appropriate option)

- ☐ Own Selection Process ☐ Institute Recommendation

If, Own Selection Process, it will be conducted at (Please tick ✓ as applicable):

- ☐ Industry Premises
- ☐ Institute Campus

8. Working Hours / Shift Pattern:

Expected working hours/shift (if applicable): _____

9. Placement Opportunity:

Would your organization be open to considering high-performing interns for potential future employment as per your policy and requirements?

☐ Yes ☐ No

10. Specify whether a stipend will be provided.

☐ Yes ☐ No

11. Is a subsidized/paid transportation facility available for interns?

☐ Yes ☐ No

12. Is a subsidized canteen facility available for interns?

☐ Yes ☐ No

13. Is the industry registered with BOAT for offering internships as apprenticeships? ☐ Yes ☐ No

14. If not registered with BOAT, are they willing to register the organization with BOAT?

☐ Yes ☐ No

15. Any other points which are useful for collaboration with the industry:

**Name & Signature of
Authorised Person:**

Designation:

**Name and Signature
of Faculty Member:**

Department:

Date