

FORMAT 8 : PROFORMA FOR EVALUTION OF INTERNSHIP BY INSTITUTE Department of III Cell

Mobile		Email	
Evaluation (I)			
1. 2. 3. 4. 5. 6. 7.	Name of Student College Roll No Branch/Semester Home Address with contact No Address of Training Site: Address of Training Providing Agency: Name/Designation of Training In- charge	Mob. No University Roll No Period of Training	
8.	Type of Work		
9.	Date of Evaluation		
Over	 a) Attendance: _ (Satisfactory/ Good/ Excellent) b) Practical Work: _ (Satisfactory/ Good/ Excellent c) Faculty's Evaluation: _ (Satisfactory/ Good/ Excellent) d) Evaluation of Industry:(Satisfactory/ Good/ Excellent) rall grade: (Satisfactory/ Good/ Excellent) 		

Signature of Faculty Mentor/ Incharge

Signature of Company/ Institute (with seal)