PROFORMA FOR EVALUATION OF INTERNSHIP BY INSTITUTE

Ph : 9655995859	Fax : -	Email: dhanushs.cs19@bitsathy.ac.in	
Evaluation (I)_			
1. Name of S	Student: DHANUSH S Mo	b. No. <u>9655995859</u>	
2. College R	Roll No: 191CS156		
3. Branch/Se	emester EIE/VII Period of	Training <u>07/10/2022 to 10/11/2022</u>	
4. Home Ad	4. Home Address with contact No.2/9, Pongupalayam, Tiruppur-641666		
5. Address o	6. Address of Training Site:34, IT Highway, Navalur, Chennai, Tamil Nadu 603103,		
6. <u>Telephone</u>	e no: 044 6749 1600		
7. Address o	of Training Providing Agen	cy: Virtusa consulting service private limited	
8. Name/De	signation of Training In- cl	narge Mr Vinoth M -Trainer	
9. Type of V	Vork: Associate software en	ngineer	
10. Date of E	valuation		
a) Attenda	ance: _ (Satisfactory/ Good	/ Excellent)	
b) Practic	al Work: (Satisfactory/	Good/ Excellent)	
c) Facult	y's Evaluation: _ (Satisfact	cory/ Good/ Excellent)	
d) Evalua	tion of Industry: (Satis	factory/ Good/ Excellent)	
Overall grade: ((Satisfactory/ Good/ Excell	lent)	