



FORMAT 10: ATTENDANCE SHEET

(For 4 years Degree Programme. / M.Tech. & MBA)

Name & Address of Organization

Name of Student																															
Roll. No																															
Name of Course																															
Date of Commencement of Trg.:																															
Date of Completion of Training:																															

Initials of the student

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Month & Year																															

Note :

1. Attendance Sheet should remain affixed in Daily Training Diary. **Do not remove or tear it off.**
2. Student should sign/initial in the attendance column. Do not mark 'P'
3. Holidays should be marked in **Red Ink** in attendance column. Absent should be marked as '**A**' in **Red Ink**.

Signature of Company internship supervisor

with company stamp/ seal

(Name _____) Contact No.

AICTE INTERNSHIP POLICY: GUIDELINES & PROCEDURES

FORMAT 9: INTERNSHIP EVALUATION REPORT

(For 4 years Degree Programme. / M.Tech. & MBA)

Name & Address of Organization

Sr. No.	Name of Student	Roll No.	Marks to be awarded by			OVER ALL GRADE
			Punctuality Grade (Satisfactory/ Good/ Excellent)	Maintenance of Daily Diary Grade (Satisfactory/ Good/ Excellent)	Skill Test Grade (Satisfactory/ Good/ Excellent)	



FORMAT 3. OBJECTIVES/ GUIDELINES/ AGREEMENT: INTERNSHIP SYNOPSIS (THIS WILL BE PREPARED IN CONSULTATION WITH FACULTY MENTOR)

An internship is a unique learning experience that integrates studies with practical work. This agreement is written by the student in consultation with the faculty Mentor and Industrial supervisor. It shall serve to clarify the educational purpose of the internship and to ensure an understanding of the total learning experience among the principal parties involved.

Part I: Contact Information

Student

Name: _____ Student ID# _____ Class Year: _____
Campus Address: _____
City, State: _____
Phone: _____ Email: _____

Industrial Supervisor

Name: _____ Title: _____
Company/Organization: _____
Internship Address: _____
City, State, Pin: _____
Phone: _____ Email: _____

Faculty Mentor

Name: _____ Phone: _____
Campus Address: _____

Academic Credit Information

Internship Title: _____ Department: _____
Course #: _____ Credits: _____
Grading Option: _____ Credit/Non-credit _____
Beginning Date: _____ Ending Date: _____
Hours per Week: _____ Internship is: _____ Paid _____ Unpaid _____



FORMAT 8 : PROFORMA FOR EVALUATION OF INTERNSHIP BY INSTITUTE

DEPARTMENT OF TRAINING AND PLACEMENT

Ph. _____ Fax _____ Email _____

Evaluation (I) _____

1. Name of Student _____ Mob. No. _____
2. College Roll No. _____ University Roll No. _____
3. Branch/Semester _____ Period of Training _____
4. Home Address with contact No. _____
5. Address of Training Site: _____
6. Address of Training Providing Agency: _____
7. Name/Designation of Training In- charge _____
8. Type of Work _____
9. Date of Evaluation _____
 - 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)

Overall grade: (Satisfactory/ Good/ Excellent)

Signature of Faculty Mentor

Signature of Internship Supervisor (Industry)

With date and stamp

***Photocopy of the attendance record duly attested by the training in-charge should be attached with the evaluation Proforma.**



FORMAT 7: STUDENT FEEDBACK OF INTERNSHIP (TO BE FILLED BY STUDENTS AFTER INTERNSHIP COMPLETION)

Student Name: _____ Date: _____
Industrial Supervisor: _____ Title: _____
Supervisor Email: _____ Internship is: _____ Paid _____ Unpaid _____
Company/Organization: _____
Internship Address: _____
Faculty Coordinator: _____ Department: _____
Dates of Internship: From _____ To _____

Please fill out the above in full detail

Give a brief description of your internship work (title and tasks for which you were responsible):

Was your internship experience related to your major area of study?

_____ Yes, to a large degree _____ Yes, to a slight degree _____ No, not related at all

Indicate the degree to which you agree or disagree with the following statements.

This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field					
Allowed me to apply classroom theory to practice					
Helped me develop my decision-making and problem-solving skills					
Expanded my knowledge about the work world prior to permanent employment					
Helped me develop my written and oral communication skills					
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)					
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Expanded my sensitivity to the ethical implications of the work involved					

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Made it possible for me to be more confident in new situations					
Given me a chance to improve my interpersonal skills					
Helped me learn to handle responsibility and use my time wisely					
Helped me discover new aspects of myself that I didn't know existed before					
Helped me develop new interests and abilities					
Helped me clarify my career goals					
Provided me with contacts which may lead to future employment					
Allowed me to acquire information and/or use equipment not available at my Institute					

In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not?

How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately?

In what areas did you most develop and improve?

What has been the most significant accomplishment or satisfying moment of your internship?

What did you dislike about the internship?

Considering your overall experience, how would you rate this internship? (Circle one).

(Satisfactory/ Good/ Excellent)

Give suggestions as to how your internship experience could have been improved. (Could you have handled added responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer supervision needed? Was more of an orientation required?)

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FORMAT 6: SUPERVISOR EVALUATION OF INTERN

Student Name: _____ Date: _____

Work Supervisor: _____ Title: _____

Company/Organization: _____

Internship Address: _____

Dates of Internship: From _____ To _____

Please evaluate your intern by indicating the frequency with which you observed the following behaviors:

Parameters	Needs improvement	Satisfactory	Good	Excellent
Behaviors				
Performs in a dependable manner				
Cooperates with co-workers and supervisors				
Shows interest in work				
Learns quickly				
Shows initiative				
Produces high quality work				
Accepts responsibility				
Accepts criticism				
Demonstrates organizational skills				
Uses technical knowledge and expertise				
Shows good judgment				
Demonstrates creativity/originality				
Analyzes problems effectively				
Is self-reliant				
Communicates well				
Writes effectively				
Has a professional attitude				
Gives a professional appearance				
Is punctual				
Uses time effectively				

Overall performance of student intern (circle one):

(Needs improvement/ Satisfactory/ _____ Good/ _____ Excellent)

Additional comments, if any:

Signature of Industry supervisor _____ HR Manager _____