Student Internship/ OJT monthly progress report format

ame of student:	Registration number:	Internship/ OJT organization: Internship/ OJT Location: Date and month:		
rogram/degree name:	E-mail ID:			
ontact number:	Designation/Job role:			
Activities completed th	is month			
	n about the tasks/activities har	ndled by the student:		
B. Learning outcom	mes:			
Remarks of Supervisor	•			
Signature of Student:_	Si	Signature of Supervisor:		