

REQUEST LETTER FROM INSTITUTE TO INTERNSHIP PROVIDER

To

The General Manager (HR) / L D O
NLC INDIA LTD Block - 20Subject: REQUEST FOR ^{15 days} ~~6 Months~~ Internship Training of B.E Degree Programme.

Dear Sir,

I acknowledge the help and the support extended to our student during training. You must be aware that AICTE has made internship mandatory for all technical education students.

In view of the above, I request your good self to allow our student for practical training in your esteemed organization. Kindly accord your permission and give at least one-week time for students to join training after confirmation.

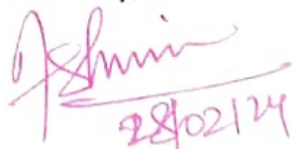
S. No.	Name	Roll No.	Year	Discipline
1	Ganesh.V	412422118012	2nd year	C-C-E

If vacancies exist, kindly do plan for Campus/Off Campus Interview for ²⁰²⁵ batch passing out students in above branches.

A line of confirmation will be highly appreciated.

With warm regards,

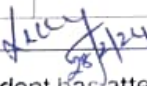
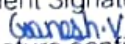
Yours sincerely,


28/02/24

(TAP Officer / S IT)

STUDENT INTERNSHIP PROGRAM APPLICATION

Complete and submit to the TPO/ Internship Program Coordinator. Type or write clearly.

1. Student Name:	Ganesh.V		
2. Campus Address:	Tambaram Chennai	Phone:	8667064195
3. Home Address:	Gandhinagar Redhills Chennai	Mobile:	
3a. Student email address:	sid2210045@sairamtop.edu.in		
4. Academic Concentration: Computer Science and Engineering	5. Internship Semester: <u>IV</u> Year: <u>II</u>		
6. Overall GPA:			
9. Internship Preferences			
	Location	Core Area	Company/ institution
Preference-1	Neyveli	Networking	Neyveliignite Corporation
Preference-2			
Preference-3			
Faculty mentor Signature:  Date <u>28.2.24</u>			
Signature confirms that the student has attended the internship orientation and has met all paperwork and process requirements to participate in the internship program, and has received approval from his/her Advisor.			
Student Signature:  Date <u>28/02/24</u>			
Signature confirms that the student agrees to the terms, conditions, and requirements of the Internship Program			

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: Geanesh V Student ID: ST220045 Class Year: 2nd
Campus Address: Sri Sairam Institute of Technology
Phone: 8667064195
Email: st220045@sairamitp.edu.in

Industrial Supervisor

Name: Shalu Mathias John Title: Networking
Company/Organization: Nayuli Legato Corporation
Internship Address: Corporate office, Nayuli Legato Corporation, Nayuli
City, State, Pin: Tamilnadu
Phone: 9533725872 Email: -

Faculty Mentor

Name: Lakshmi P
Phone: 9952361180
Campus Address: Sri Sairam Institute of Technology, Sairam College Rd, Sai Leo Nagar, Tambaram West, Chennai, Tamil Nadu 600044

Academic Credit Information

Internship Title: Basic Networking Department: Computer and Communication

Course # Bachelor of Engineering

Credits: _____

Grading Option: _____

Credit/Non-credit: _____

Beginning Date: 01 March 2024

Ending Date: 15 March 2024

Hours per Week: 48 hours

Internship is: _____

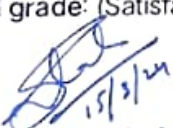
PROFORMA FOR EVALUATION OF INTERNSHIP BY INSTITUTE
DEPARTMENT OF TRAINING AND PLACEMENT

Ph. _____ Fax _____ Email _____

Evaluation (I) _____

1. Name of Student Ganesh V Mob. No. 8667064195
2. College Roll No. SIT2210045 University Roll No. 412422118012
3. Branch/Semester Computer and Communication / IV Period of Training 15 days
01 March 2024 to 15 March 2024
4. Home Address with contact No. Village Raja Yogi 5th Cross, School Gandhi Nagar Redhills Chennai - 600052
5. Address of Training Site: Corporate Office, Neyveli Lignite Corporation Neyveli
6. Address of Training Providing Agency: Learning and Development Centre Neyveli
7. Name/Designation of Training In-charge Shri Shobu Mathias John / Deputy Chief Manager
8. Type of Work Basic Networking in NLC India Limited
9. Date of Evaluation 15/3/24
 - 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
(Industry)

Deputy Chief Manager
Computer Services,
Corporate Office,
NLC India Ltd., Neyveli.


Signature of Internship Supervisor
Chief Manager
Learning & Development Centre
NLC India Limited, Neyveli, 3.
With date & Stamp

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

SUPERVISOR EVALUATION OF INTERN (To be collected from Industry Supervisor)

Student Name: Ganesh V

Date: 15/03/2024

Work Supervisor: Shri. Shalu Mathews John / Deputy chief manager

Title: Networking

Company/Organization: Internship Address: Corporate office Neyyeli Legrisa Corporation Neyyeli

Dates of Internship: From 01 March 2024 To 15 March 2024

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 [Signature] HR Manager [Signature]

15.6.2024

ATTENDANCE SHEET

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

Name & Address of Organization: *Corporate office, Neyveli Light Corporation India Limited,
Neyveli, Tamilnadu*

Name of Student	<i>Ganesh.V</i>
Roll. No	<i>412422118012</i>
Name of Course	<i>Computer and Communication Engineering</i>
Date of Commencement of Training:	<i>01/03/24</i>
Date of Completion of Training:	<i>15/03/24</i>

Initials of the student

Mon th & Year	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
<i>March 2024</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>		<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Pa</i>	<i>W</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>	<i>Ganesh.V</i>																

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 *K. PRABAKARAN*) Contact No. *8903240027*

[Signature]
15-6-2024