

Department: \_\_\_\_\_

**Semester long Internship: End-Semester Evaluation (ESE)**

Roll No.	Name of the student	Signature of the student

Date of exam:	Time:	Venue:
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**Internship /Project Title :**

**Work done:**

Sr. No	Evaluation parameter	Total Intermediate Evaluation Max. Marks_150				
		Excellent (≥ 90 %)	Good (70- 89 %)	Average (50-69 %)	Satisfactory (Up to 49 %)	Marks
1	Quality of report (50)					
2	Oral Presentation (40)					
3	Quality of work done (20)					
4	Understanding of work(20)					
5	Periodic Interaction with mentor (20)					
	<b>Total Marks (out of 150)</b>					

Specific Remarks of the examiners:

**Examiner / Expert**

**Examiner / Mentor**

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