

Department: _____

Semester long Internship: In-Semester Evaluation (ISE)

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_100				
		Excellent (≥ 90 %)	Good (70- 89 %)	Average (50-69 %)	Satisfactory (Up to 49 %)	Marks
1	Quality of report (20)					
2	Oral Presentation (30)					
3	Quality of work done (15)					
4	Understanding of work(15)					
5	Periodic Interaction with mentor (20)					
	Total Marks (out of 100)					

Specific Remarks of the examiners:

Examiner / Expert

Examiner / Mentor

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