

Department: _____

Semester long Internship: End-Semester Evaluation (ESE)

Roll No.	Name of the student	Signature of the student

Date of exam:	Time:	Venue:
---------------	-------	--------

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)					
Total Marks (out of 150)						

Specific Remarks of the examiners:

Examiner / Expert

Examiner / Mentor

THIS DOCUMENT HAS BEEN AUTO-GENERATED