



M.O.P. Vaishnav College for Women (Autonomous)

(College affiliated to the University of Madras & Re-accredited at "A++" Grade by NAAC)

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From

Date: 25.03.2025

Dr. Sakthi Kumaresh

Head, B.C.A.

Department of Computer Science & Information Technology

M.O.P. Vaishnav College for Women (Autonomous)

Chennai-34.

To

Respected Sir/Madam

Sub: Internship Training – Reg.

Internship is on the job training process where students get practical exposure in corporate world. As an integral part of curriculum and to help students define their area of competency, the second year students of B.C.A. have to undergo internship training for a period of any four weeks from 21.04.2025 to 10.06.2025 for the partial fulfillment of her degree.

I would be grateful, if you can permit Ms.....
(Reg. No.....) a bonafide student of II B.C.A. to undergo internship in your esteemed organization.

As a mandatory requirement, at the end of the internship, kindly furnish the following in a concealed envelope.

1. A certificate for having completed the internship.
2. An evaluation of her performance as per the enclosed format.

Thanking you,

Yours faithfully,

Dr. Sakthi Kumaresh

Head, B.C.A.

Department of Computer Science & Information Technology



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Department of Computer Science and Information Technology

B.C.A.

Internship Evaluation Form

Name:

Reg No:

S.NO	Criteria	Rate in the scale of 10 to 1
1.	Regularity	
2.	Working Skills	
3.	Attitude towards work	
4.	Performance	
5.	Dedication	
Total		/ 50

Seal and Signature of the Employer