



INTERNEES INTERSHIPS FEEDBACK FORM

Dear Student,

To monitor and to improve the services provided by Directorate of Industrial Liaison (DIL), your feedback is extremely important for us. You are kindly requested to fill-up this form and return back to DIL immediately if you have completed internship, this will help us in improving our services.

A) Your/ Internee details

- i) Name (optional):- _____
- ii) Roll no (optional):- _____
- iii) Class (SE/ TE/ BE):- _____
- iv) Section:- _____
- v) Department:- _____
- vi) Batch:- _____

B) Company details

- i) Name of the Company:- _____
- ii) Address:- _____

C) Internship details

- i) Summer () Winter () Internships 20____
- ii) Stipend () Yes () No; if Yes then please mention Rs: _____
- iii) No of weeks:- _____
- iv) Start date:- _____
- v) End Date:- _____

Please check (✓) the appropriate numeric boxes as per your perception of your experience (Starting from 10 to 1)

D) Evaluation of the organizational environment

	Good			Average			Poor			
	10	9	8	7	6	5	4	3	2	1
1) Were you provided orientation about the internship/ training? (If Yes, mark the boxes as per your experience), No: _____										
2) Were you assigned a supervisor during internship? (If Yes, mark the boxes as per your experience), No: _____										
3) Were you asked to make reports on regular basis? (If Yes, mark the boxes as per your experience), No: _____										
4) Were you asked to prepare and give presentations? (If Yes, mark the boxes as per your experience), No: _____										
5) Internship was helpful to me to meet my learning goals & objectives? (If Yes, mark the boxes as per your experience), No: _____										
6) Are you satisfied with the services provided to you by DIL department? (If Yes, mark the boxes as per your experience), No: _____										
7) Are you satisfied with the assistance provided to you by your class advisor? (If Yes, mark the boxes as per your experience), No: _____										
8) Feedback of Class Advisor (SE/ TE/ BE): _____										

E) Additional Comments/ Suggestions for Improvement or Complaint: (if any)

Note: This form shall be provided to class advisors & he/she will responsible to provide this to students & get it filled.

Thank you very much for your assistance in this important process of continuous improvement. The Valuable input that you provided in this evaluation will help us to improve the quality of education system at NED University.