

भारतीय सूचना प्रौद्योगिकी संस्थान, नागपुर

Indian Institute of Information Technology, Nagpur "An Institution of National Importance by an Act of Parliament"

Survey No. 140,141/1, Behind Br. Sheshrao Wankhade Shetkari Sahkari Soot Girni, Village - Waranga, PO - Bori (Butibori), Nagpur (Rural), Nagpur - 441108

Website: www.iiitn.ac.in Email: director@iiitn.ac.in, registrar@iiitn.ac.in Phone: 0712 – 2985010

INTERNSHIP PERFORMANCE ASSESSMENT BY EMPLOYER

Is Internship completed on or before 30th November 2022: Yes/No

If No, please specify the amount of Internship work done (in percentage) till 30th November 2022:

To,

The Reporting Manager / Program Coordinator (Internships)

We appreciate your contribution to the professional growth and development of students of IIIT Nagpur.

This internship is a mandatory part of B.Tech curriculum at IIIT Nagpur. This Assessment form is a part of INTERNSHIP EVALUATION of the student. Based on your assessment, the student will earn the credits for this internship.

Please handover this document duly filled and signed by the Supervisor/Reporting Manager to the student for submitting to the Institute.

Please note this form may be shared with the student; comments that will aid the student in career and related skill development are particularly encouraged.

STUDENT'S INFORMATION:

Student's Name:			
Student's Enrollment Number:			
Internship Start Date:	Internship End Date:		
Work hours per week:			
Internship Profile Name:			
Duties allotted to the student:			

INTERNSHIP EVALUATION SHEET

Please rate the internship performance of the student in the following areas on a scale of 1 to 5.

1=Poor	2=Acceptable	3=Good	4=Very good	5=Excellent

No	Area	Rating (Out of 5)	Comments
1	Domain knowledge		
2	Ability to apply domain knowledge to tasks given		
3	Completion of Assignment/Project		
1	Ability to meet deadlines		
5	Ability to develop creative solutions to problems		
5	Ability to take initiative		
7	Ability to work with others		
3	Presentation Skills		
9	Communications Skills		
10	Punctuality		
	TOTAL SCORE (Out of 50)		
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DETAILS OF THE ORGANIZATION WHERE INTERNSHIP IS PURSUED

Name of the Organization/Institute where internship is pursued:					
Office Address:					
Date of Evaluation:					
Name of Supervisor/Reporting Manager:					
Signature of Supervisor/Reporting Manager:					
Contact No:	E-mail ID:				
Company Seal:					