|  |  |
| --- | --- |
|  | **“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](http://www.iiitn.ac.in/) Email: [director@iiitn.ac.in, registrar@iiitn.ac.in](mailto:director@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: \_\_\_\_\_\_Mukalla Saikumar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Enrollment Number: \_\_\_\_\_\_\_\_\_BT19ECE073\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internship Start Date: \_\_06/06/2022\_\_\_\_\_\_\_\_\_\_ Internship End Date: \_\_\_06/12/2022\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr No** | **Area** | **Rating (Out of 5)** | **Comments** |
| 1 | Domain knowledge |  |  |
| 2 | Ability to apply domain knowledge to tasks given |  |  |
| 3 | Completion of Assignment/Project |  |  |
| 4 | Ability to meet deadlines |  |  |
| 5 | Ability to develop creative solutions to problems |  |  |
| 6 | Ability to take initiative |  |  |
| 7 | Ability to work with others |  |  |
| 8 | Presentation Skills |  |  |
| 9 | Communications Skills |  |  |
| 10 | Punctuality |  |  |
|  | **TOTAL SCORE (Out of 50)** |  |  |

**NARRATIVE ASSESSMENT** (*Please state in narrative form your final assessment of the student’s performance. Is the student better prepared for the industry? What are the specific strengths and weaknesses?*)

**RECOMMENDATIONS** (*Do you have any recommendations to the program faculty on how to improve the program or the internship experience?*)

# 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:**