

Program Book

**Short Term Internship**

**Siddartha Educational Academy Group of Institutions**

**(Affiliated to JNTUA, Ananthapuramu)**

**C.Gollapalli, Tirupati - 517505**

**AP STATE COUNCIL OF HIGHER EDUCATION**

**(A STATUTORY BODY OF GOVERNMENT OF ANDHRA PRADESH)**

**Program Book for**

**Short Term Internship**

**Name of the Student :**

**Name of the College :**

**Registration Number :**

**Period of STI : From: To:**

**Name & Address of the Intern Organization:**

# An Internship Report

**On**

*Submitted in accordance with the requirement for the degree of………….*

Name of the College :

Department :

Name of the Faculty Guide :

Duration of the STI : From…………..To……….…

Name of the Student :

Programme of Study :

Year of Study :

Register Number :

Date of Submission :

# Student’s Declaration

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,a student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program, Reg. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the Department of\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College do hereby declare that I have completed the mandatory Short term Internship from\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the intern organization) under the Faculty Guideship of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Name of the Faculty Guide), Department of\_\_\_\_\_\_\_\_\_\_\_\_in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_College

(Signature and Date)

# Endorsements

Faculty Guide :

Head of the Department :

Principal :

# Certificate from Intern Organization

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the Short Term Intern Volunteer) Reg.No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the College) underwent community service in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Intern Organization) from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The overall performance of the Short Term Intern Volunteer during his/her Internship is found to be (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

**ACKNOWLEDGEMENTS**

**CHAPTER 1: EXECUTIVE SUMMARY**

**CHAPTER 2: OVERVIEW OF THE ORGANIZATION**

**CHAPTER 3: INTERNSHIP PART**

**ACTIVITY LOG FOR THE FIRST WEEK**

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| --- | --- | --- | --- |
| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day**  **1** |  |  |  |
| **Day**  **2** |  |  |  |
| **Day**  **3** |  |  |  |
| **Day**  **4** |  |  |  |
| **Day**  **5** |  |  |  |
| **Day**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 1 (From Dt: \_\_\_\_\_\_\_\_\_\_\_ to Dt: \_\_\_\_\_\_\_\_\_\_\_ )**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE SECOND WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day**  **1** |  |  |  |
| **Day**  **2** |  |  |  |
| **Day**  **3** |  |  |  |
| **Day**  **4** |  |  |  |
| **Day**  **5** |  |  |  |
| **Day**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 2 (From Dt: \_\_\_\_\_\_\_\_\_\_\_ to Dt: \_\_\_\_\_\_\_\_\_\_\_ )**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE THIRD WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day**  **1** |  |  |  |
| **Day**  **2** |  |  |  |
| **Day**  **3** |  |  |  |
| **Day**  **4** |  |  |  |
| **Day**  **5** |  |  |  |
| **Day**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 3 (From Dt: \_\_\_\_\_\_\_\_\_\_\_ to Dt: \_\_\_\_\_\_\_\_\_\_\_ )**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FOURTH WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day**  **1** |  |  |  |
| **Day**  **2** |  |  |  |
| **Day**  **3** |  |  |  |
| **Day**  **4** |  |  |  |
| **Day**  **5** |  |  |  |
| **Day**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 4 (From Dt: \_\_\_\_\_\_\_\_\_\_\_ to Dt: \_\_\_\_\_\_\_\_\_\_\_ )**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FIFTH WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day**  **1** |  |  |  |
| **Day**  **2** |  |  |  |
| **Day**  **3** |  |  |  |
| **Day**  **4** |  |  |  |
| **Day**  **5** |  |  |  |
| **Day**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 5 (From Dt: \_\_\_\_\_\_\_\_\_\_\_ to Dt: \_\_\_\_\_\_\_\_\_\_\_ )**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**CHAPTER 5: OUTCOMES DESCRIPTION**

**Work environment experienced.**

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| I did my internship from home so, my work environment experience is work from home, The main |
| The advantage of working from home is Flexibility. Flexibility is one of the significant advantages of |
| Working from home. I have the freedom to set my own schedule. It allows me to balance personal and |
| professional responsibilities more effectively. I can also switch my work hours to my most productive |
| Hours. No Reduced Commute Stress, working from home does not Have commute stress. It Eliminates |
| commute stress from work. Many individuals find that they are more productive when working from |
| home. In the same way, I am also more productive while I am working From home by creating an |
| environment that suits my preferences and work style, which can boost my productivity. Even I also have |
| some fewer distractions and interruptions from colleagues. |
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**Technical skills acquired -**

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**Managerial skills acquired -**

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**Improving Communication Skills -**

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**Enhancing the abilities in group discussions, participation in teams, contribution as a team member, leading a team/ activity-**

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**Observation of technological developments relevant to the subject area of training**

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**Student Self-Evaluation for the Short –Term Internship**

Student Name :

Registration No.;

Term of Internship : from To

Date of Evaluation :

Organization Name & Address :

Name & Address of Supervisor with mobile number :

**Please rate your performance in the following areas:**

**Rating Scale: 1 is lowest and 5 is highest rank**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1) Oral communication** | **1** | **2** | **3** | **4** | **5** |
| **2) Written communication** | **1** | **2** | **3** | **4** | **5** |
| **3) Initiative** | **1** | **2** | **3** | **4** | **5** |
| **4) Interaction with staff** | **1** | **2** | **3** | **4** | **5** |
| **5) Attitude** | **1** | **2** | **3** | **4** | **5** |
| **6) Dependability** | **1** | **2** | **3** | **4** | **5** |
| **7) Ability to learn** | **1** | **2** | **3** | **4** | **5** |
| **8) Planning and organization** | **1** | **2** | **3** | **4** | **5** |
| **9) Professionalism** | **1** | **2** | **3** | **4** | **5** |
| **10) Creativity** | **1** | **2** | **3** | **4** | **5** |
| **11) Quality of work** | **1** | **2** | **3** | **4** | **5** |
| **12) Productivity** | **1** | **2** | **3** | **4** | **5** |
| **13) Process of learning** | **1** | **2** | **3** | **4** | **5** |
| **14) Achievement to organization’s culture/policies** | **1** | **2** | **3** | **4** | **5** |
| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Student**

**Evaluation by the Supervisor of the Intern Organization**

Student Name :

Registration No.;

Term of Internship : from To

Date of Evaluation :

Organization Name & Address :

Name & Address of Supervisor with mobile number :

**Please rate the student’s performance in the following areas:**

**Please note that your evaluation shall be done independent of the Student’s self-evaluation Rating Scale: 1 is lowest and 5 is highest rank**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1) Oral communication** | **1** | **2** | **3** | **4** | **5** |
| **2) Written communication** | **1** | **2** | **3** | **4** | **5** |
| **3) Proactiveness** | **1** | **2** | **3** | **4** | **5** |
| **4) Interaction ability with community** | **1** | **2** | **3** | **4** | **5** |
| **5) Positive Attitude** | **1** | **2** | **3** | **4** | **5** |
| **6) Self-confidence** | **1** | **2** | **3** | **4** | **5** |
| **7) Ability to learn** | **1** | **2** | **3** | **4** | **5** |
| **8) Work Plan and organization** | **1** | **2** | **3** | **4** | **5** |
| **9) Professionalism** | **1** | **2** | **3** | **4** | **5** |
| **10) Creativity** | **1** | **2** | **3** | **4** | **5** |
| **11) Quality of work done** | **1** | **2** | **3** | **4** | **5** |
| **12) Time Management** | **1** | **2** | **3** | **4** | **5** |
| **13) Understanding the Community** | **1** | **2** | **3** | **4** | **5** |
| **14) Achievement of Desired Outcomes** | **1** | **2** | **3** | **4** | **5** |
| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Supervisor**

**PHOTOS AND VIDEO LINKS**