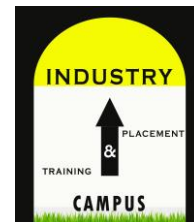


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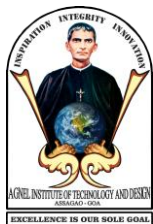
CORPORATE INSTITUTE RELATIONSHIP CELL



STUDENT'S WEEKLY DIARY/ WEEKLY LOG

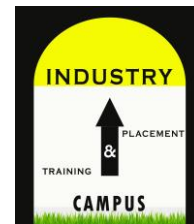
WEEK 1		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



**AGNEL INSTITUTE OF TECHNOLOGY AND DESIGN
ASSAGAO, BARDEZ GOA**

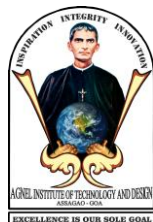
CORPORATE INSTITUTE RELATIONSHIP CELL



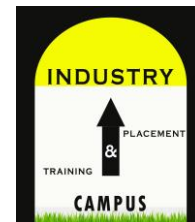
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 2		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



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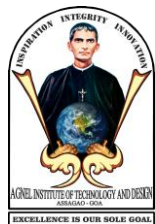


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STUDENT'S WEEKLY DIARY/ WEEKLY LOG

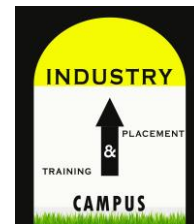
WEEK 3		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



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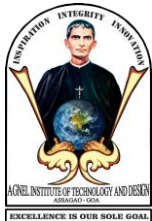
CORPORATE INSTITUTE RELATIONSHIP CELL



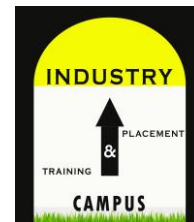
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 4		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



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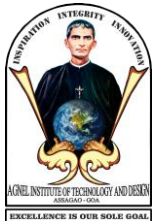


CORPORATE INSTITUTE RELATIONSHIP CELL

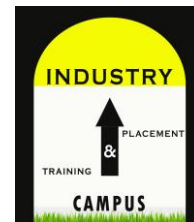
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 5		DATE	
Time of arrival		Time of Departure	Remarks
Deptt./Division		Name of finished Product	
Name of HOD/ Supervisor With e-mail id			
Main points of the week			
Day 1:			
Day 2:			
Day 3:			
Day 4:			
Day 5:			
Day 6:			
Remarks:			

Signature of Industry Supervisor



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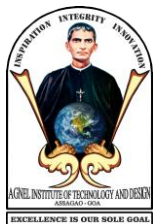


CORPORATE INSTITUTE RELATIONSHIP CELL

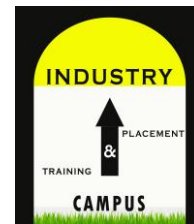
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 6		DATE	
Time of arrival		Time of Departure	Remarks
Deptt./Division		Name of finished Product	
Name of HOD/ Supervisor With e-mail id			
Main points of the week			
Day 1:			
Day 2:			
Day 3:			
Day 4:			
Day 5:			
Day 6:			
Remarks:			

Signature of Industry Supervisor



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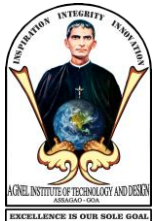


CORPORATE INSTITUTE RELATIONSHIP CELL

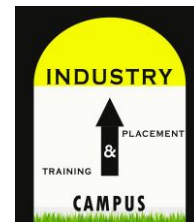
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 7		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



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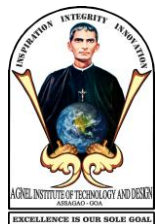


CORPORATE INSTITUTE RELATIONSHIP CELL

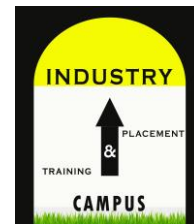
STUDENT'S WEEKLY DIARY/ WEEKLY LOG

WEEK 8		DATE		
Time of arrival		Time of Departure		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the week				
Day 1:				
Day 2:				
Day 3:				
Day 4:				
Day 5:				
Day 6:				
Remarks:				

Signature of Industry Supervisor



AGNEL INSTITUTE OF TECHNOLOGY AND DESIGN ASSAGAO, BARDEZ GOA



CORPORATE INSTITUTE RELATIONSHIP CELL

SUPERVISOR EVALUATION OF INTERN

Student Name: _____ Date: _____

Work Supervisor: _____ Title: _____

Company/Organization: _____

Internship Address: _____

Dates of Internship: From _____ To _____

Please evaluate your intern by indicating the frequency with which you observed the following behaviors:

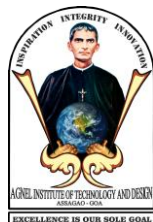
Parameters	Needs improvement	Satisfactory	Good	Excellent
Behaviors				
Performs in a dependable manner				
Cooperates with co-workers and supervisors				
Shows interest in work				
Learns quickly				
Shows initiative				
Produces high quality work				
Accepts responsibility				
Accepts criticism				
Demonstrates organizational skills				
Uses technical knowledge and expertise				
Shows good judgment				
Demonstrates creativity/originality				
Analyzes problems effectively				
Is self-reliant				
Communicates well				
Writes effectively				
Has a professional attitude				
Gives a professional appearance				
Is punctual				
Uses time effectively				

Overall performance of student intern (circle one):

(Needs improvement/ Satisfactory/ _____ Good/ _____ Excellent)

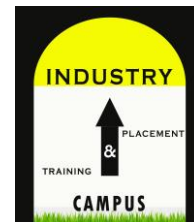
Additional comments, if any:

Signature of Industry supervisor _____ HR Manager _____



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STUDENT FEEDBACK OF INTERNSHIP (TO BE FILLED BY STUDENTS AFTER INTERNSHIP COMPLETION)

Student Name: _____ Date: _____

Industrial Supervisor: _____ Title: _____

Supervisor Email: _____ Internship is: _____ Paid _____ Unpaid _____

Company/Organization: _____

Internship Address: _____

Faculty Coordinator: _____ Department: _____

Dates of Internship: From _____ To _____

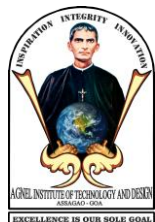
Please fill out the above in full detail

Give a brief description of your internship work (title and tasks for which you were responsible): Was your internship experience related to your major area of study?

_____ Yes, to a large degree _____ Yes, to a slight degree _____ No, not related at all

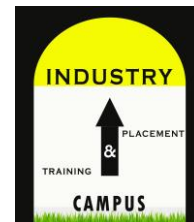
Indicate the degree to which you agree or disagree with the following statements.

This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field					
Allowed me to apply classroom theory to practice					
Helped me develop my decision-making and problem-solving skills					
Expanded my knowledge about the work world prior to permanent employment					
Helped me develop my written and oral communication skills					
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)					
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Expanded my sensitivity to the ethical implications of the work involved					



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Made it possible for me to be more confident in new situations					
Given me a chance to improve my interpersonal skills					
Helped me learn to handle responsibility and use my time wisely					
Helped me discover new aspects of myself that I didn't know existed before					
Helped me develop new interests and abilities					
Helped me clarify my career goals					
Provided me with contacts which may lead to future employment					
Allowed me to acquire information and/or use equipment not available at my Institute					

In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not?

How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately?

In what areas did you most develop and improve?

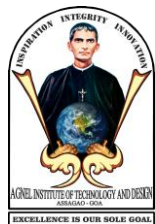
What has been the most significant accomplishment or satisfying moment of your internship? What

did you dislike about the internship?

Considering your overall experience, how would you rate this internship? (Circle one). (Satisfactory/

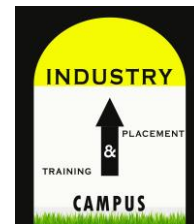
Good/ Excellent)

Give suggestions as to how your internship experience could have been improved. (Could you have handled added responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer supervision needed? Was more of an orientation required?)



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CORPORATE INSTITUTE RELATIONSHIP CELL



PROFORMA FOR EVALUTION OF INTERNSHIP BY INSTITUTE

Ph. _____ Fax _____ Email _____

Evaluation (I) _____

1. Name of Student _____ Mob. No. _____
2. College Roll No. _____ University Roll No. _____
3. Branch/Semester _____ Period of Training _____
4. Home Address with contact No. _____
5. Address of Training Site: _____
6. Address of Training Providing Agency: _____
7. Name/Designation of Training In- charge _____
8. Type of Work _____
9. Date of Evaluation _____
 - a) Attendance: _ (Satisfactory/ Good/ Excellent)
 - b) Practical Work: _ (Satisfactory/ Good/ Excellent)
 - c) Faculty's Evaluation: _ (Satisfactory/ Good/ Excellent)
 - d) Evaluation of Industry: _____ (Satisfactory/ Good/ Excellent)

Overall grade: (Satisfactory/ Good/ Excellent)

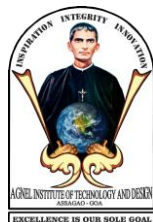
Signature of Faculty Mentor

Signature of Internship Supervisor

(Industry) With date

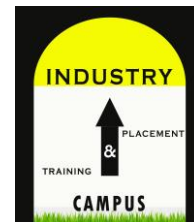
and stamp

***Photocopy of the attendance record duly attested by the training in-charge should be attached with the evaluation Proforma.**



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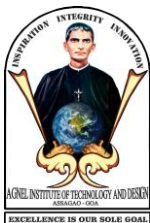
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INTERNSHIP EVALUATION REPORT

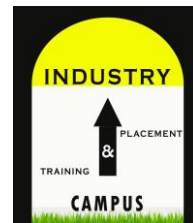
Name & Address of Organization

Sr. No.	Name of Student	Roll No.	Marks to be awarded by			OVER ALL GRADE
			Punctuality Grade (Satisfactory/ Good/ Excellent)	Maintenance of Daily Diary Grade (Satisfactory/ Good/ Excellent)	Skill Test Grade (Satisfactory/ Good/ Excellent)	



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ATTENDANCE SHEET

Name & Address of Organization

Name of Student																															
Roll. No																															
Name of Course																															
Date of Commencement of Trg.:																															
Date of Completion of Training:																															

Initials of the student

Month & Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Note :

1. Attendance Sheet should remain affixed in Daily Training Diary. **Do not remove or tear it off.**
2. Student should sign/initial in the attendance column. Do not mark 'P'
3. Holidays should be marked in **Red Ink** in attendance column. Absent should be marked as '**A**' in **Red Ink**.

Signature of Company

internship supervisor

with company stamp/

seal

(Name_____) Contact No.