

BASIC DETAILS

Enrollment No. :

Name :

Department :Mob.

E-mail ID :

Name of the Organisation :

Address :

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Training Period (with date) : From.....To.....

Training In-charge : Name :

Designation :

Signature of the Student :

Signature of the Training In-charge :

(With date and seal on the day student joins training)

JAYPEE INSTITUTE OF INFORMATION TECHNOLOGY

(Declared Deemed to be University u/s 3 of the UGC Act, 1956)

A-10, Sector-62, Noida, U.P.

Date :

Feedback Form for Initial Assessment related to students' performance in 1st Month of Summer Internship

ATTRIBUTES:

1	General:	On a scale of 1 to 5 (5 is the highest and 1 is the lowest)
	<i>Etiquette (Appearance, Body Language, Attitude, etc)</i>	
	Willingness to learn	
	Verbal / Written Communication	
2	Knowledge / Skills :	
	Fundamentals	
	Domain / Subjective	
	Overall	

Co. Officer's Name:

Signature

(Supervisor/Manager)

Mobile No.:

Email ID: