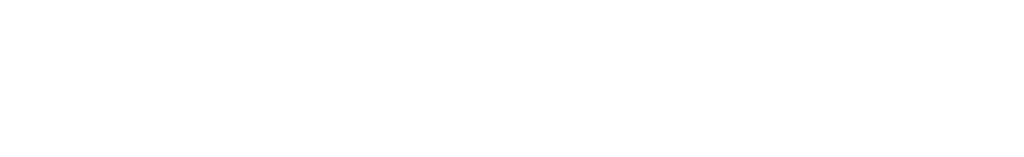


SEMESTER INTERNSHIP

**ANDHRA PRADESH**

**STATE COUNCIL OF HIGHER EDUCATION**

(A STATUTORY BODY OF GOVERNMENT OF ANDHRA PRADESH)



**PROGRAM BOOK FOR**

**SEMESTER INTERNSHIP**

**University**

# An Internship Report on

*(Title of the Semester Internship Program) Submitted in accordance with the requirement for the degree of*

*Under the Faculty Guideship of*

*(Name of the Faculty Guide)*

*Department of*

*(Name of the College)*

**Submitted by:**

*(Name of the Student)*

**Reg.No:**

*Department of*

*(Name of the College)*

Page No

**Instructions to Students**

Please read the detailed Guidelines on Internship hosted on the website of AP State Council of Higher Education **https://apsche.ap.gov.in**

1. It is mandatory for all the students to complete Semester internship either in V Semester or in VI Semester.
2. Every student should identify the organization for internship in consultation with the College Principal/the authorized person nominated by the Principal.
3. Report to the intern organization as per the schedule given by the College. You must make your own arrangements for transportation to reach the organization.
4. You should maintain punctuality in attending the internship. Daily attendance is compulsory.
5. You are expected to learn about the organization, policies, procedures, and processes by interacting with the people working in the organization and by consulting the supervisor attached to the interns.
6. While you are attending the internship, follow the rules and regulations of the intern organization.
7. While in the intern organization, always wear your College Identity Card.
8. If your College has a prescribed dress as uniform, wear the uniform daily, as you attend to your assigned duties.
9. You will be assigned a Faculty Guide from your College. He/She will be creating a WhatsApp group with your fellow interns. Post your daily activity done and/or any difficulty you encounter during the internship.
10. Identify five or more learning objectives in consultation with your Faculty Guide. These learning objectives can address:
    1. Data and Information you are expected to collect about the organization and/or industry.
    2. Job Skills you are expected to acquire.
    3. Development of professional competencies that lead to future career success.
11. Practice professional communication skills with team members, co-interns, and your supervisor. This includes expressing thoughts and ideas effectively through oral, written, and non-verbal communication, and utilizing listening skills.
12. Be aware of the communication culture in your work environment. Follow up and communicate regularly with your supervisor to provide updates on your progress with work assignments.
13. Never be hesitant to ask questions to make sure you fully understand what you need to do your work and to contribute to the organization.
14. Be regular in filling up your Program Book. It shall be filled up in your own handwriting. Add additional sheets wherever necessary.
15. At the end of internship, you shall be evaluated by your Supervisor of the intern organization.
16. There shall also be evaluation at the end of the internship by the Faculty Guide and the Principal.
17. Do not meddle with the instruments/equipment you work with.
18. Ensure that you do not cause any disturbance to the regular activities of the intern organization.
19. Be cordial but not too intimate with the employees of the intern organization and your fellow interns.
20. You should understand that during the internship programme, you are the ambassador of your College, and your behavior during the internship programme is of utmost importance.
21. If you are involved in any discipline related issues, you will be withdrawn from the internship programme immediately and disciplinary action shall be initiated.
22. Do not forget to keep up your family pride and prestige of your College.

<<@>>

# Student’s Declaration

I, a student of Program, Reg. No. of the Department of College do hereby declare that I have completed the mandatory internship from to in (Name of the intern organization) under the Faculty Guideship of

(Name of the Faculty Guide), Department of

, (Name of the College)

*(Signature and Date)*

# Official Certification

This is to certify that *(Name of the student)* Reg. No. has completed his/her Internship in

*(Name of the Intern Organization)* on

*(Title of the Internship)* under my supervision as a part of partial fulfillment of the requirement for the Degree of in the Department of

*(Name of the College).*

This is accepted for evaluation.

*(Signatory with Date and Seal)*

**Endorsements**

*Faculty Guide*

*Head of the Department*

*Principal*

# Certificate from Intern Organization

This is to certify that *(Name of the intern)* Reg. No of *(Name of the College)* underwent internship in *(Name of the Intern Organization)* from to

The overall performance of the intern during his/her internship is found to be

(Satisfactory/Not Satisfactory).

*Authorized Signatory with Date and Seal*

**Acknowledgements**

# Contents

## CHAPTER 1: EXECUTIVE SUMMARY

The internship report shall have a brief executive summary. It shall include five or more Learning Objectives and Outcomes achieved, a brief description of the sector of business and intern organization and summary of all the activities done by the intern during the period.

## CHAPTER 2: OVERVIEW OF THE ORGANIZATION

**Suggestive contents**

1. Introduction of the Organization
2. Vision, Mission, and Values of the Organization
3. Policy of the Organization, in relation to the intern role
4. Organizational Structure
5. Roles and responsibilities of the employees in which the intern is placed.
6. Performance of the Organization in terms of turnover, profits, market reach and market value.
7. Future Plans of the Organization.

## CHAPTER 3: INTERNSHIP PART

*Description of the Activities/Responsibilities in the Intern Organization during Internship, which shall include - details of working conditions, weekly work schedule, equipment used, and tasks performed. This part could end by reflecting on what kind of skills the intern acquired.*

**ACTIVITY LOG FOR THE FIRST WEEK**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 FORTH 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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**ACTIVITY LOG FOR THE SIXTH 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 – 6 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE SEVEN 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 – 7 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE EIGTH 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 – 8 (From Dt………..….. to Dt : Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE NINETH 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 – 9 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE TENTH 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 – 10 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE ELEVENTH 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 – 11 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE TWELVETH 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 – 12 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE THIRTEENTH 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 – 13 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FOURTEENTH 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 – 14 (From Dt………..….. to Dt** **)**

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| **Objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FIFTEENTH 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 – 15 (From Dt………..….. to Dt** **)**

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

**Describe the work environment you have experienced** *(in terms of people interactions, facilities available and maintenance, clarity of job roles, protocols, procedures, processes, discipline, time management, harmonious relationships, socialization, mutual support and teamwork, motivation, space and ventilation, etc.)*

**Describe the real time technical skills you have acquired (***in terms of the job- related skills and hands on experience)*

**Describe the managerial skills you have acquired** (*in terms of planning, leadership, team work, behaviour, workmanship, productive use of time, weekly improvement in competencies, goal setting, decision making, performance analysis, etc.*

**Describe how you could improve your communication skills** (*in terms of improvement in oral communication, written communication, conversational abilities, confidence levels while communicating, anxiety management, understanding others, getting understood by others, extempore speech, ability to articulate the key points, closing the conversation, maintaining niceties and protocols, greeting, thanking and appreciating others, etc.,)*

**Describe how could you could enhance your abilities in group discussions, participation in teams, contribution as a team member, leading a team/activity.**

**Describe the technological developments you have observed and relevant to the subject area of training** *(focus on digital technologies relevant to your job role)*

### Student Self Evaluation of the Short-Term Internship

**Organization Name & Address:**

|  |  |  |
| --- | --- | --- |
| **Student Name:** |  | **Registration No:** |
| **Term of Internship:** | **From:** | **To :** |
| **Date of Evaluation:** |  |  |

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

**Rating Scale: Letter grade of CGPA calculation to be provided**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 Student**

### Evaluation by the Supervisor of the Intern Organization

|  |  |  |
| --- | --- | --- |
| **Student Name:** |  | **Registration No:** |
| **Term of Internship:** | **From:** | **To :** |
| **Date of Evaluation:** |  |  |

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

**Organization Name & Address:**

**Name & Address of the Supervisor with Mobile Number**

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 & VIDEO LINKS**

**EVALUATION**

## Internal & External Evaluation for Semester Internship

**Objectives:**

* Explore career alternatives prior to graduation.
* To assess interests and abilities in the field of study.
* To develop communication, interpersonal and other critical skills in the future job.
* To acquire additional skills required for the world of work.
* To acquire employment contacts leading directly to a full-time job following graduation from college.

**Assessment Model:**

* There shall be both internal evaluation and external evaluation
* The Faculty Guide assigned is in-charge of the learning activities of the students and for the comprehensive and continuous assessment of the students.
* The assessment is to be conducted for 200 marks. Internal Evaluation for 50 marks and External Evaluation for 150 marks
* The number of credits assigned is 12. Later the marks shall be converted into grades and grade points to include finally in the SGPA and CGPA.
* The weightings for Internal Evaluation shall be:
  + Activity Log 10 marks
  + Internship Evaluation 30 marks
  + Oral Presentation 10 marks
* The weightings for External Evaluation shall be:
  + Internship Evaluation 100 marks
  + Viva-Voce 50 marks
* The External Evaluation shall be conducted by an Evaluation Committee comprising of the Principal, Faculty Guide, Internal Expert and External Expert nominated by the affiliating University. The Evaluation Committee shall also consider the grading given by the Supervisor of the Intern Organization.
* Activity Log is the record of the day-to-day activities. The Activity Log is assessed on an individual basis, thus allowing for individual members within groups to be assessed this way. The assessment will take into consideration

the individual student’s involvement in the assigned work.

* While evaluating the student’s Activity Log, the following shall be considered -

1. The individual student’s effort and commitment.
2. The originality and quality of the work produced by the individual student.
3. The student’s integration and co-operation with the work assigned.
4. The completeness of the Activity Log.

* The Internship Evaluation shall include the following components and based on Weekly Reports and Outcomes Description

1. Description of the Work Environment.
2. Real Time Technical Skills acquired.
3. Managerial Skills acquired.
4. Improvement of Communication Skills.
5. Team Dynamics
6. Technological Developments recorded.

**MARKS STATEMENT**

**(To be used by the Examiners)**

**INTERNAL ASSESSMENT STATEMENT**

**Name Of the Student: Programme of Study: Year of Study:**

**Group:**

**Register No/H.T. No: Name of the College: University:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sl.No*** | ***Evaluation Criterion*** | ***Maximum Marks*** | ***Marks Awarded*** |
| 1. | Activity Log | 10 |  |
| 2. | Internship Evaluation | 30 |  |
| 3. | Oral Presentation | 10 |  |
|  | GRAND TOTAL | 50 |  |

Date: Signature of the Faculty Guide

## EXTERNAL ASSESSMENT STATEMENT

**Name Of the Student: Programme of Study: Year of Study:**

**Group:**

**Register No/H.T. No: Name of the College: University:**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sl.No*** | ***Evaluation Criterion*** | ***Maximum Marks*** | ***Marks Awarded*** |
| 1. | Internship Evaluation | 80 |  |
| 2. | For the grading giving by the Supervisor of the Intern Organization | 20 |  |
| 3. | Viva-Voce | 50 |  |
|  | TOTAL | 150 |  |
| **GRAND TOTAL (EXT. 50 M + INT. 100M)** | | **200** |  |

Signature of the Faculty Guide

Signature of the Internal Expert

Signature of the External Expert

Signature of the Principal with Seal

