**On-the-Job Training Report**

Submitted in partial fulfillment of the

Requirements for the award of the Degree of

**BACHELOR OF SCIENCE (COMPUTER SCIENCE/ INFORMATION TECHNOLOGY/ DATA SCIENCE/ COMPUTER APPLICATIONS)**

**BACHELOR OF COMPUTER APPLICATIONS**

**By**

Name of The Student (size-15, title case)

Roll Number (size-15)

A logo of a company

AI-generated content may be incorrect.

**SCHOOL OF COMPUTING & TECHNOLOGY**

**PARLE TILAK VIDYALAYA ASSOCIATION’S**

**MULUND COLLEGE OF COMMERCE (AUTONOMOUS)**

***(Affiliated to University of Mumbai)***

**MULUND – 400 080**

**MAHARASHTRA**

**YEAR (12 bold)**

# OJT Undertaking

|  |  |  |
| --- | --- | --- |
|  | Student Name |  |
|  | Roll No |  |
|  | Class |  |
|  | Address |  |
|  | Email Id |  |
|  | Mobile No |  |
|  | Aadhaar No |  |
|  | ABC ID |  |
| I confirm that I agree with the terms and conditions and the requirements of the OJT policy.  Student’s Signature | | |
| I confirm that the student has attended the OJT orientation and he / she has met all the paperwork and process requirements to participate in the OJT programme and has received the approval from his / her mentor.  Signature of the Coordinator / Mentor  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

# Joining Letter of the Student

<<On College/Organization Letterhead>>

To

The (Designation of the person addressed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: Joining letter

Dear Sir / Madam,

Kindly refer to your letter/e-mail dated on the above-cited subject. As permitted by your good self the following students will undergo OJT/ Internship in your esteemed organization under your sole guidance and direction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sr. No. | Name | Roll No | Year | Department |
|  |  |  |  |  |
|  |  |  |  |  |

This training is an essential part of the curriculum, and the following guidelines have been prescribed in the curriculum for the training. You are, therefore, requested to please issue the following guidelines to the concerned OJT supervisor.

* Each student is required to prepare an OJT diary and report.
* Kindly check the OJT diary of the student on a timely manner.
* Issue instructions regarding working hours during training and maintenance of the attendance record

You are requested to evaluate the student’s performance based on the below-mentioned parameters (we will provide you with the evaluation sheet):

* Completion of Hours
* Quality/Performance
* Punctuality/Regularity

The performance report may please be forwarded to the undersigned on completion of training in a sealed envelope or in an email. Your efforts in this regard will positively enhance the knowledge and practical skills of the students, your cooperation will be highly appreciated, and we shall feel obliged. The students will abide by the rules and regulations of the organization and will maintain proper discipline with keen interest during their OJT. The students will report to you on \_\_\_\_\_\_\_\_\_\_\_(date) along with a copy of this letter.

Yours sincerely,

Internship Coordinator/HoD

<Department Name and Date>

**Weekly Internship Report (For Each Week)**

**Intern's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Week**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company/Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mentor's Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Week Overview:**

(Brief summary of key activities, tasks, and projects undertaken during the week.)

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**Learning Outcomes:**

(Highlight the main lessons, skills, or knowledge gained during the week.)

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**Challenges Faced:**

(Outline any obstacles or challenges encountered and steps taken to overcome them.)

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**Goals for Next Week:**

(Set clear and specific goals for the upcoming week to focus on professional development.)

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**Mentor Feedback and Suggestions:**

(Feedback received from the mentor and any additional suggestions for improvement.)

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**Additional Notes:**

(Any other relevant information or reflections on the week.)

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**Employer's Feedback:**

(Weightage assigned by the employer based on performance and contributions during the week.)

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**Intern's Signature:**

**Date:**

**Mentor's Signature:**

**Date:**

**Employer's Signature:**

**Date:**

# Student Diary (Log) Recording Format

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week** | **Task Assigned** | **Activities Performed** | **Key Learnings** | **Additional Remarks** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |

Signature of Industry/Organization Supervisor

# Attendance Sheet

<<Organization Letter Head>>

|  |  |
| --- | --- |
| Name of the Student |  |
| Roll No |  |
| Name of the Programme |  |
| Date of Commencement |  |
| Date of Completion |  |

Month and Year

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

* The attendance sheet should remain affixed to the Daily Training Diary. Do not remove or tear it off.
* Holidays should be marked in Red Ink in the attendance column. Absent should be marked as ‘A’ in Red Ink.

Name and Signature of OJT Supervisor (with date)

# Proforma for OJT COMPLETION CERTIFICATE

The student should attach OJT completion certificate, duly signed by the industry/organization supervisor to his/her report. A representative format for the OJT completion certificate is as given below:

<<Organisation Letterhead>>

This is to certify that Ms. / Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has successfully completed the On-Job-Training in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Signatory

# Supervisor Evaluation of Intern

<Organization Letter Head>

Student Name: Date: Work Supervisor: Title: Organization: Internship Address: Dates of Internship: From To

Please evaluate 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

# Student Feedback of OJT

Student Name: Date:

Industry/Organization Supervisor: Title:

Supervisor Email: OJT is: Paid Unpaid

Organization:

OJT Address: \_

Faculty Coordinator: Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OJT Dates from / to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **This experience has** | **1**  **Poor** | **2**  **Average** | **3**  **Good** | **4**  **Very Good** | **5**  **Excellent** |
|  | Given me an 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 work world before permanent employment |  |  |  |  |  |
|  | Helped me develop my written and oral communication skills |  |  |  |  |  |
|  | Provided a chance to use leadership skills (influence others, develop ideas with others, simulate decision making and action) |  |  |  |  |  |
|  | Expanded my sensitivity to ethical implications of work involved |  |  |  |  |  |
|  | Made is 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 manage my time wisely |  |  |  |  |  |
|  | Helped me discover ne aspects of myself that I did not 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 college |  |  |  |  |  |

* 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 OJT?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What did you dislike about the OJT?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Considering your overall experience, how would you rate this OJT? Satisfactory / Good / Excellent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Give suggestions as to how your OJT experience could have been improved? (Could you have handled added responsibility? Would you like more discussions with your professor concerning your OJT? Was closer supervision needed? Was more orientation required?)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Student