



## **1.OBJECTIVES/ GUIDELINES/ AGREEMENT: INTERNSHIP SYNOPSIS (IS TO BE PREPARED IN CONSULTATION WITH FACULTY MENTOR)**

An internship is a unique learning experience that integrates studies with practical work. This agreement is written by the student in consultation with the faculty Mentor and Industrial supervisor. It shall serve to clarify the educational purpose of the internship and to ensure an understanding of the total learning experience among the principal parties involved.

### **Part I: Contact Information**

#### **Student**

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Class Year: \_\_\_\_\_

Campus Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Industrial Supervisor**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Internship Address: \_\_\_\_\_

City, State, Pin: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **Faculty Mentor**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Campus Address: \_\_\_\_\_

#### **Academic Credit Information**

Internship Title: \_\_\_\_\_ Department: \_\_\_\_\_

Course #: \_\_\_\_\_ Credits: \_\_\_\_\_

Grading Option: \_\_\_\_\_ Credit/Non-credit: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_



## **Part II: Internship Objectives/Learning Activities**

**Internship Objectives:** What do you intend to learn, acquire and clarify through this internship? Try to use concrete, measurable terms in listing your learning objectives under each of the following categories:

- Knowledge and Understanding

- Skills

**Learning Activities:** How will your internship activities enable you to acquire the knowledge/understanding, and skills you listed above?

**On the job:** Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, conversations, etc., which you will do while working, relating them to what you intend to learn.

**Teaching/Mentoring Activities:** How your technical knowledge can be applied at the site of the internship. How you can create value through mentoring/help people learn new things.

**Off the job:** List reading, writing, contact with faculty supervisor, peer group discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

**Evaluation:** Your Internship supervisor will provide a written evaluation of your internship. Describe in detail what other evidence you will provide to your faculty Mentor to document what you have learned (e.g. journal, analytic paper, project, descriptive paper, oral presentation, etc.) Include deadline dates.



### **Part III: The Internship**

**Job Description:** Describe in as much detail as possible your role and responsibilities while on your internship. List duties, project to be completed, deadlines, etc. How can you contribute to the organization/site of internship.

**Supervision:** Describe in as much detail as possible the supervision to be provided/needed at the work site. List what kind of instruction, assistance, consultation you will receive from whom, etc.

**Evaluation:** How will your work performance be evaluated? By whom? When?

### **Part IV: Agreement**

This contract may be terminated or amended by student, faculty coordinator or work supervisor at any time upon written notice, which is received and agreed to by the other two parties.

Student \_\_\_\_\_

Date \_\_\_\_\_

Faculty Mentor \_\_\_\_\_

Date \_\_\_\_\_

Industry Supervisor \_\_\_\_\_

Date \_\_\_\_\_



## 2: STUDENT'S DAILY DIARY/ DAILY LOG

DAY-1		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



DAY-2	DATE	
Time of arrival	Time of Departure	
Dept./Division	Name of finished Product	
Name of HOD/ Supervisor e-mail id		
Main points of the day		



## DAILY LOG

DAY-3		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-4		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-5	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-6	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-7	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-8	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-9	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-10	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-11		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-12		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-13		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-14		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-15	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-16	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-17	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-18	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-19		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-20		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-21		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-22		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-23		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-24		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-25		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-26		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



## DAILY LOG

DAY-27	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	

DAY-28	DATE
Time of arrival	Time of Departure
Dept./Division	Name of finished Product
Name of HOD/ Supervisor e-mail id	
Main points of the day	



## DAILY LOG

DAY-29		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			

DAY-30		DATE	
Time of arrival		Time of Departure	
Dept./Division		Name of finished Product	
Name of HOD/ Supervisor e-mail id			
Main points of the day			



### 3. Students Daily Attendance

Name & Address of Organization

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

- Attendance Sheet should remain affixed in Daily Training Diary. **Do not remove or tear it off.**
- Student should sign/initial in the attendance column. Do not mark 'P'
- 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. \_\_\_\_\_



#### 4.HOD/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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(PADMA BHUSHAN AWARDEE)

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NASHIK**

#### **4.sss STUDENT FEEDBACK OF INTERNSHIP (TO BE FILLED BY STUDENTS AFTERINTERNSHIP 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?)



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?

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#### 4. EVALUTION OF INTERNSHIP BY INSTITUTE

### DEPARTMENT OF TRAINING AND PLACEMENT

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



## INTERNSHIP EVALUATION REPORT

Name & Address of Organization

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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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## 7.GEOTAG PHOTOGRAPHS



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