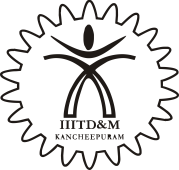
**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY  
 DESIGN AND MANUFACTURING KANCHEEPURAM**

**(An Autonomous Institution Under MHRD, Government of India)**

**Melakkottaiyur,Off Vandalur-Kelambakkam Road, Chennai – 600127.**

**Ph: +91442747 6300 Fax : +91442747 6301 Email : office@iiitdm.ac.in**

**ACADEMIC SECTION**

**Evaluation form for the Internship**

Date :

Name of the Student:

Roll Number of the student:

Name of the Guide/supervisor:

Designation:

Name of the Organisation:

E-mail:

Contact number:

Date of joining:

Date of completion:

Title/topic of the work done during the internship:

Attendance in %: [ ]

Performance : [ ] (*Fill in the bracket with* ***excellent/good/satisfactory***)

Conduct: *(please evaluate as* ***excellent/good/satisfactory***)

1. Interpersonal Relation: [ ]
2. Commitment towards the work: [ ]
3. Other comments (if any):

Marks for his/her work carried out over there (*out of 100*): [ ]

Non-disclosure-agreement signed by the student (*write Yes or No*) [ ]

Signature of the Supervisor/Guide (with date and Office Seal)

*(Please send this filled in form in a sealed cover through the student)*