



Capital University of Science and Technology

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Internship Evaluation Form

The purpose of this evaluation form is to solicit your opinion about the performance of student during this course of Internship at your organization. We appreciate your honest and objective response.

Student's Name: _____

Registration Number: _____

Organization/Company of Internship: _____

Duration of Internship in weeks: _____

Please evaluate the student's performance and conduct during Internship Training by encircling the appropriate number on the scale of 0 to 10. (0 being Lowest rating and 10 being Highest)

1. Professional knowledge and skill.

0	1	2	3	4	5	6	7	8	9	10
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2. Ability of student to apply his/her knowledge.

0	1	2	3	4	5	6	7	8	9	10
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3. Analytical approach towards engineering problem solving.

0	1	2	3	4	5	6	7	8	9	10
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4. Capability to adapt to a new working environment.

0	1	2	3	4	5	6	7	8	9	10
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5. Initiative and drive.

0	1	2	3	4	5	6	7	8	9	10
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6. Ability to meet the given target in specified time duration.

0	1	2	3	4	5	6	7	8	9	10
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7. Self-reliance in accomplishing the task.

0	1	2	3	4	5	6	7	8	9	10
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8. Ability to cooperate with associates.

0	1	2	3	4	5	6	7	8	9	10
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9. Punctuality and discipline.

0	1	2	3	4	5	6	7	8	9	10
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10. Interpersonal skills.

0	1	2	3	4	5	6	7	8	9	10
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Project/Task assigned: _____

Percentage of assigned Project/Task completed:

0 to 20 %	20 to 40 %	40 to 60 %	60 to 80%	80 to 100 %
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Remarks: _____

Evaluator's Name, Designation and Contact Information
Contact Number: 03069559144

Signature, Stamp and Date