Format No: GU/M-30/ Form-1

# One Page Report for Industry Training with Problem Identification

*(To be submitted within 15days of joining)*

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| **Branch :CSE** | | | | | |
| **Name of student**: Harshit Mishra | | | **Section-Roll No.: 12** | | |
| **Contact Number:9319021093** |  | | **Project Batch: 12** | | |
| **GU mail id-** | **harshit\_mishra.scsebtech@galgotiasuniversity.edu.in** | | | | |
| **Name of Company**: | TekSystems Global Services | | | | |
| **Company Address** | **Bellandur ,Bengaluru** | | | | |
| **Industry Person** | **Name & Designation** | **Contact No** | | **Email ID** | |
| **HR** | **Pawan Srinivas** | **8046468398** | | **psrinivas@teksystems.com** | |
| **supervisor:** | **Sahana S** | **9739048887** | | **sas@teksystems.com** | |
| **Details of Industy**: | **IT industry** | | | | |
| **Duration of Internship**: | **From** | **To** | | | **Total Days** |
| **10-feb-2023** | **10-jun-2023** | | | **16 weeks** |
| **Actual working days in a week** | **5 days** | | | | |
| **Timing ( from – to)** | **9:00 am to 5:00 pm** | | | | |
| **Work Assigned:** | **Technical Trainee , full stack development** | | | | |
| **Problem Identified** | **Working on Project** | | | | |
| **Is this your first experience of industrial training/internship?** | **NO** | | | | |
| **On a scale of 1to 5 provide utility of this training on your profession.**  **1 (no use), 5(extremely useful)** | **5** | | | | |

**Signature of student Signature of Reviewer** / IC /Mentor