



Notification: SVVV/N-  
083/2019

Date: / / 2020

## FORM II INDUSTRY MENTOR EVALUATION OF INTERN

(To be printed on Organization Letter Head)

Student Enrolment No: \_\_\_\_\_ Name: \_\_\_\_\_

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

Dates of Internship Evaluation: From \_\_\_\_\_ To \_\_\_\_\_ Duration \_\_\_\_\_

Please evaluate your intern by indicating the frequency with which you observed the following on a 10-point scale -

10- Outstanding, 9 - Excellent, 8 - Very Good, 7 - Good, 6 - Average, 5 - Satisfactory, below 5 Fail

S.No	Parameters for Evaluation	
1	Punctuality	
2	Behavior	
3	Shows interest in work	
4	Learns quickly	
5	Shows initiative	
6	Accepts responsibility	
7	Organizational skills	
8	Creativity/Originality	
9	Problem Analysis, Design, Solution	
10	Communication Skill	
	Overall performance of student / intern	
	<b>Total out of 100</b>	

Additional comments, if any :

Name & Signature of Industry Supervisor \_\_\_\_\_

Organization Seal