

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	
	Total out of 100	

Additional comments, if any :

Name & Signature of Industry Supervisor _____

Organization Seal

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