SHRI VAISHNAV VIDYAPEETH VISHWAVIDYALAYA

Notification: SVVV/N-083/2019

FORM-II

Date: / / 2020

**INDUSTRY MENTOR EVALUATION OF INTERN**

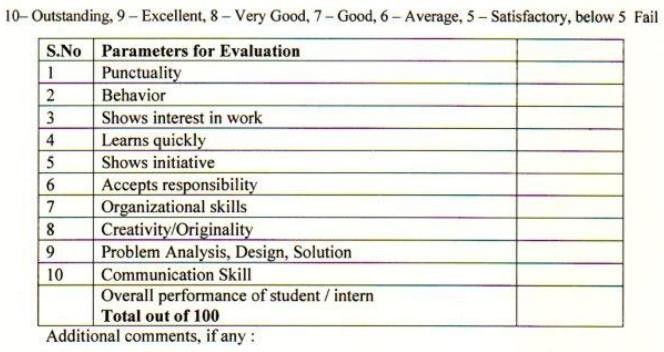
**(To be printed on Organization Letter Head)**

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 -





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