

CONTINUOUS ASSESSMENT (CA) for INTERNSHIP/OJT

(By external Supervisor from organization)

Name of the student_____ Registration Number_____

Internship Project Title (if/any): _____

Name of Organization &Address: _____

Name of External Internship in-charge (with mobile number):

_____Contact No:_____

S.No.	Criteria	Marks Obtained	Maximum Marks
1	Student conduct during internship		10
2	Punctuality and Enthusiasm		20
3	Technical Skill & Knowledge		20
4	Performance		50
	Total		100

Date_____

Authorized Signatory_____

Name_____

Designation _____

Company Seal