

# INTERN FEEDBACK ON INDUSTRY

Duration of Internship: weeks

From: To:

Name of the Intern:

USN:

Name of the Organization:

Name of the Industry Supervisor:

Supervisor Email/Phone: /

Name of the Internal Supervisor:

## Questionnaire:

1. Did the internship provide realistic exposure to the industry?
2. Are the skills developed useful to the career development?
3. Was the training adequate?
4. Has this internship stimulated your interest in the domain?
5. Would you recommend this internship to other students? Highly recommendable

Recommendable

Signature of the Intern