

CONFIDENTIAL

(One for each student; NOT TO BE HANDED OVER TO THE STUDENTS)

INDIAN INSTITUTE OF TECHNOLOGY DELHI

Certificate of Student's Practical Training

(To be filled by SUPERVISOR of the organization)

(Minimum requirement 40 working days of training: Summer – 2018)

- Name of Organization:
- Place of Training:
- Name of Student:
- Entry No. & Discipline:
- Date of Commencement of Training:
- Date of Completion of Training:

1. Actual Number of Working Days Attended :
(Kindly mention dates of absence with or without permission)
2. Brief Details of Training:
(e.g. Attachment to Various Sections, Projects done, etc.)
3. Evaluation of Student's Performance: "Please tick relevant grading"

Very Good	Good	Satisfactory	Unsatisfactory
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4. Remarks on the Student's Personal Conduct:
5. Any Suggestions for Future:

Place: _____

Signature: _____

Date: _____

Name & Designation of the Officer: _____

Official Seal

(To be filled by IIT Delhi officials)

The requirement of summer training, as approved, is **complete / incomplete** in respect of the above student.

Faculty coordinator of the concerned Department

Signature & Date:

Head of the concerned Department

Signature & Date

(Seal)

The scanned copy of this certificate should be sent directly by the industry supervisor of the student through Fax/email to the Institute Supervisor of the student. Kindly do not hand this over to the student.