

**STUDENT FEEDBACK OF INTERNSHIP**  
**(TO BE FILLED BY STUDENTS AFTER INTERNSHIP COMPLETION)**

Student Name: Sachin Datta Shinde

Date: 19/11/2025

Institute/Organization: Dr. D.Y.Patil Pratishthan's College Of Engineering  
Salokhenagar,Kolhapur.

Internship Address: Anvistar ITS Pvt.Ltd. Pune-411041.  
Industry Mentor : Mr. Amit Khojare

Faculty Internship Coordinator: Mrs. Sneha S. Ghewari      Department: CSE

Dates of Internship: From 27/06/2025 To 10/08/2025

\*\*\*Please fill out the above in full detail\*\*\*

Give a brief description of your internship work ( \_\_\_\_\_ )

Was your internship experience related to your major area of study?

\_\_\_\_\_ Yes, to a large degree \_\_\_\_\_ Yes, to a slight degree \_\_\_\_\_ No, not related at all

Indicate the degree to which you agree or disagree with the following statements.

This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field					
Allowed me to apply classroom theory to practice					
Helped me develop my decision-making and problem-solving skills					
Expanded my knowledge about the work world prior to permanent employment					
Helped me develop my written and oral communication skills					
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)					
Expanded my sensitivity to the ethical Implications of the work involved					

## **PROFORMA FOR EVALUTION OF INTERNSHIP BY INSTITUTE**

### **DEPARTMENT OF COMPUTER SCIENCE AND ENGINEERING**

#### **Evaluation (I)**

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1. Name of Student: Sachin Datta Shinde Mob. No. 9172703130
  2. College Roll No. 247 University Roll No. 2023079262
  3. Branch/Semester CSE 7<sup>th</sup> Period of Training \_\_\_\_\_
  4. Home Address with contact No. AT Shelakewadi Tal Karvir Dist.Kolhapur Pin-416001 contact-7218887800
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5. Name and Address of Training Providing Institute: Anvistar ITS Pvt.Ltd. Pune-411041.
  6. Name/Designation of Training In- charge Mr. Amit Khojare ( Director )
  7. Date of Evaluation : 19/11/2025
- a) Attendance: \_ (Satisfactory/ Good/ Excellent)
- b) Practical Work: (Satisfactory/ Good/ Excellent)
- c) Faculty's Evaluation: \_ (Satisfactory/ Good/Excellent)
- d) Evaluation of Industry:\_\_\_\_\_(Satisfactory/ Good/ Excellent)

**Overall grade:** (Satisfactory/ Good/ Excellent)

**Mrs. Sneha S. Ghewari**  
Faculty Internship Coordinator

**Dr. Shivaani Kalle**  
Head of Department