

**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 writtenandoral 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) \_\_\_\_\_

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 Khore (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**