**Exam Roll No:** Your Exam Roll

**Name of the Student:** Your Name

**College:** Your College name with full address

**Duration of Internship:** Duration of your internship (at least two months)

**Evaluation Indicators**

|  |  |  |  |
| --- | --- | --- | --- |
| Regularity of the student | Highly Regular | /5/ /4/ /3/ /2/ /1/ | Highly irregular |
| Performance of the Student | Highly Satisfactory | /5/ /4/ /3/ /2/ /1/ | Highly unsatisfactory |
| Contribution of solve problems | Excellent | /5/ /4/ /3/ /2/ /1/ | Very Poor |
| Behaviour / cooperation | Excellent | /5/ /4/ /3/ /2/ /1/ | Very Poor |
| Overall impression | Excellent | /5/ /4/ /3/ /2/ /1/ | Very Poor |

**Signature of the Evaluator:** ..................................................

(Evaluator’s Name, Designation)

**Name of Organization:** Name of Organization with full address

**Seal** ……………………………………………………….

**Date:** Write current date