

Intern ID	
Intern Name	
Date of Joining (As Intern)	
Date of Completion (As Intern)	
Internship Title / Project	
Department	
Reporting Manager	
Department Head	
Intern to on roll Date	

Areas of Assessment	Rating in scale of 1-5 (1 being lowest and 5 highest performance)
Learnability	
Technical Competence - Skills acquired	
Responsibility/accountability	
Attendance	
Teamwork	
Attitude	

Recommendation: (*Justification for conversion to on roll)

Recommended to be part of SecureKloud: