**ANNEXURE-I**

**JOINING REPORT**

(To be sent by student within a week of joining by Registered Post to appointed Faculty Advisor)

|  |  |
| --- | --- |
| 1. | Student Registration No: |
| 2. | Programme & Section |
| 2. | Name |
| 3. | Name of the Project |
| 4. | Name & Address of the Organization |
|  | Telephone No. |
|  | E-mail : |
| 5. | Address of the Site |
|  | Telephone No. |
|  | E-mail : |
| 6. | Residential Address of the Student |
|  | Telephone No. |
|  | E-mail : |

I hereby inform that I have joined the organization on for the Industry Internship Project (Course Code ).

Dated : Signature of the Student

**CERTIFICATE BY THE ADVISOR IN THE INDUSTRY**

Certified that the above-mentioned student has joined our organization for the project semester in the industry.

Dated Signature of the Advisor

(With Seal)

Name of the Coordinator: Designation:

Phone No.:

E-mail (if any):

**ANNEXURE-II**

Department of **Computer Applications**

Industry Internship Session 2018-19

Consolidated Summary Sheet of Joining Report

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S. No. | Registra tion No. | Program me | Name of Student | Name of Industry | Work Place/ Site address | Date of Joining |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| … |  |  |  |  |  |  |

**Signature of Coordinator Internship / training**

**Name:**

**Date:**

**Signature of HOD**

**Date:**

**ANNEXURE-III**

Department of **Computer Applications**

Industry Internship Project Session 2018-19 FACULTY COORDINATORS’ FIRST VISIT REPORT

Date of Visit: ……………..………

Reg. No. & Name of Student : ……………….……………………..……………………………………… Programme & Section of the Student …………………………………………………………………………

Name of Organization & address :………………………..…….……………………………..……………… Phone No:

………….……………….. E-mail……………………..

Site Address …………………………………………………………….………………………………….

Phone Nos: ……………………………E-mail……………………..… Name of Industry Coordinator…………………………………………….……….………………………….. Designation …………………………… Phone No. …………………… E-mail ………….……..…………

BRIEF PROGRESS REPORT

Stipend ( if any ) ………………………….….. Accommodation/Meals ……………….

i) Topic/Title of the Project .…………….……….……………………………………………………………

………………………………………………………………………………………………………………

ii) Type of Project …………………………………………………………………………….

Details of Industry Internship Project:

Assignment……………………..……… …….……………………………………………

……………………………………………………………………………………………………………………………

**………………………………………………………………………………………………………**

**Assistance required from the Institute…………………………………….. ………………………………**

**…………………………………………………………………………………………………………………**

**Response from the Industry/Remarks of Industry Coordinator …………………..……………………..**

**……………………………………………………………………………………………………………………………**

**………………………………………………………………………..…..… ………………………**

**Possibility of consultancy, if any ….…………………………………….……………………………….**

**……………………………………………………………………………………………..…………………..**

**Remarks of the Faculty Coordinator……………………………….……………………………………**

**……………………………………………………………………………………………………………..**

**(Signature of Faculty Coordinator) (Signature of External Advisor)**

Date: Date:

Name ………………………………. Name …………………………….

Designation ………………………… Designation………………………

**ANNEXURE-IV**

Department of **Computer Applications**

Industry Internship Project Session 2018-19 FACULTY COORDINATOR’ S SECOND VISIT REPORT

Date of Visit: ………..…………..

Student I D and Name of Student :…………………………………………………………….. Programme & Section of Student :……………………………………………………………

Name of Organization : ……………………………….…………………………….

Address (Site/Office) : …………………………………………………………….

Phone No. : ………………………………….… email : ……………………………………

**Brief Progress Report**

Title of Project: ……………………………………………………………….……………………..

……………………………………………………………………..…………………………………

|  |  |  |
| --- | --- | --- |
| S.No. | Details of Project Semester Assignments | Status |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

Assistance Required from the Institute: ……………………..…………………………………

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Response from the Industry : ……………………..…………………………………

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Remarks of Industry Coordinator : …………………..……………………………………

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Any significant change with respect to the First Visit Report : ……………….…………………….

…………………………………………………………………………..……………………………

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Any other item: ………………….…………………………………………………………………...

………………………………………………………………………..………………………………

**Over all Progress (Satisfactory/Not Satisfactory):** ……………………………….

(Signature of Faculty Coordinator) (Signature of Industry Coordinator)

Date: Date:

Name : Name:

Designation: Designation:

**ANNEXURE-V**

Department of **Computer Applications**

Industry Internship Project Session 2018-19

Consolidated Summary Sheet of First/Second Visit Report

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.  No. | Stude nt I D | Name of Student | Name of Industry | Programme & Section | Work Place/ Site address | Date of joining | Name & Address of Industrial  Coordinator (Phone, Email) | Name Of Faculty Coordinator | Date of FIRST/ SECOND Visit |
|  |  |  |  |  |  |  |  |  |  |
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**Signature of Internship / training Coordinator**

**Date:**

**Signature of Head of the Department**

**Date:**

**Annexure - VI**

**Project Synopsis Format**

Name of Student**:** Roll No:

**Project Undertaken**

**Estimated duration**

**Name of Organization & Address:**

|  |
| --- |
| **External Supervisor Name External Supervisor Designation** |
| **External Supervisor Phone No:** |
| **External Supervisor Email:** |
| **Nature of Project (N/W, DBMS, Web etc.)** |

**Project Description**

*(Additional Pages can be attached to give description of the Project)*

P.T.O

**Internal Faculty Advisor**

**Scope of Project**

**(Application Area)**

**Date:**

**Signature of Student**

**Comments / Observation by Faculty advisor:**

**Recommended Yes No**

**(Signature of Faculty advisor)**

**Date:**

**Approved Yes No**

**(Signature of HOD/HOI)**

**Date:**