**Industry Mentor’s Feedback**

Name & Roll no. of the Intern:

Name of the Industry Mentor:

Phone no./ Official email ID of the Industry Mentor:

Name of the organisation:

Domain of the Internship:

Duration (Start & End date):

Mode of Internship (Online/Offline):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Parameters** | **Excellent** | **Very Good** | **Good** | **Remarks** |
| 1 | Understanding of the work assigned |  |  |  |  |
| 2 | Identifying key issues related to the work assigned |  |  |  |  |
| 3 | Action Plan |  |  |  |  |
| 4 | Justice to work assigned |  |  |  |  |
| 5 | Use of Academic Concepts |  |  |  |  |
| 6 | Presentation Skills |  |  |  |  |
| 7 | Display of professionalism in attitude and behaviour |  |  |  |  |
| 8 | Overall Performance |  |  |  |  |

Date:

Signature of the Industry Mentor with seal