

**FORMAT - 8: PROFORMA FOR EVALUTION OF INTERNSHIP BY INSTITUTE
DEPARTMENT INTERNSHIP FACILITATING CELL**

Ph: _____ Email: _____

Evaluation (I) -----

1. Name of Student _____ Mob. No. _____

2. Roll No. _____

3. Branch/Semester _____ Period of Training _____

4. Home address with Contact No. _____

5. Address of Training Site: _____

6. Address of Training Providing Agency: _____

7. Name/Designation of Training in-charge _____

8. Type of Work _____

9. Date of Evaluation _____

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)

Signature of Faculty Mentor

Signature of Internship Supervisor (Industry)

With date and stamp

***Photocopy of the attendance record duly attested by the training in-charge /mentor should be attached with the evaluation Performa.**