



TECNIA INSTITUTE OF ADVANCED STUDIES
NAAC ACCREDITED GRADE "A" INSTITUTE
 Approved by AICTE, Ministry of HRD, Govt. of India, Affiliated to GGSIP University
 Recognized Under Sec. 2(f) of UGC Act 1956
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TRAINING & PLACEMENT CELL

PROFORMA FOR EVALUATION OF INTERNSHIP BY INSTITUTE

Ph. _____ Fax _____ Email _____

Evaluation (I)

1. Name of Student _____ Mob. No. _____
2. College Roll No. _____ University 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 should be attached with the evaluation Proforma.*