

TRAINING & PLACEMENT CELL

STUDENT INTERNSHIP PROGRAM APPLICATION				
1. Student Name:				
2. Campus Address:	PSP Institutional Area Rohini, New I	a, Madhuban Chowk, Delhi-110085	Phone: 011-27555121	
3. Home Address:	,		Phone:	
3a. Student email add	dress:			
4. Academic Concent	ration:	5. Internship Semester:	Year:	
6. Overall GPA:				
9. Internship Prefere	nces:			
	Location	Core Area	Company/ institution	
Preferance-1				
Preferance-2				
Preferance-3				
Faculty Mentor Signature: Date Signature confirms that the student has attended the internship orientation and has met all paper and process requirements to participate in the internship program and has received approval his/her Advisor.				
Student Signature:			Date:	

Note: Complete and submit to the TPO/ Internship Program Coordinator. Type or write clearly.

FORMAT 2: REQUEST LETTER FROM INSTITUTE TO INTERNSHIP PROVIDER

То						
The Gen	neral Manager (HR)					
Subject	: REQUEST FOR 04/06 WEE Programme	KS INDUSTRIAL TRA	AINING of M.Tech.	/4 years Degree		
Dear Sir	,					
	dents have undergone internship tacknowledge the help and the sayears.	- ·	_	•		
	rst time industry) You must be aw al education students.	are that AICTE has	s made internship	mandatory for all		
practica	of the above, I request your good I raining in your esteemed organiz ek time tor students to join trainin	zation. Kindly acco	rd your permission			
S. No.	S. No. Name Roll No. Year Discipline					

If vacancies exist, kindly do plan for Campus/Off Campus Interview tor--- above branches. CHECK THIS

A line of confirmation will be highly appreciated.

With warm regards, Yours sincerely, Training & Placement Officer

FORMAT 3. OBJECTIVES/ GUIDELINES/ AGREEMENT: INTERNSHIP SYNOPSIS (THIS WILL BE PREPARED IN CONSULTATION WITH FACULTY MENTOR)

An internship is a unique learning experience that integrates studies with practical work. This agreement is written by the student in consultation with the faculty Mentor and Industrial supervisor. It shall serve to clarify the educational purpose of the internship and to ensure an understanding of the total learning experience among the principal parties involved.

Part I: Contact Information	
Student	
Name:	Student ID# Class Year:
Campus Address:	
	Email:
Industrial Supervisor	
Name:	Title:
Company/Organization:	
Internship Address:	
Phone:	Email:
Faculty Mentor	
Name:	Phone:
Campus Address:	
Academic Credit Information	
Internship Title:	Department:
Course#:	Credits:
Grading Option:	Credit/Non-credit
Beginning Date:	Ending Date:
Hours per Week:	Internship is: Paid Unpaid

Part II: Internship Objectives/Learning Activities

Internship Objectives: What do you intend to learn, acquire and clarify through this internship? Try to use concrete, measurable terms in listing your learning objectives under each of the following categories:

Knowledge and Understanding

Skills

Learning Activities: How will your internship activities enable you to acquire the knowledge/understanding, and skills you listed above?

On the job: Describe how your internship activities will enable you to meet your learning objectives. Include projects, research, report writing, conversations, etc., which you will do while working, relating them to what you intend to learn.

Teaching/Mentoring Activities: How your technical knowledge can be applied at the site of the internship. How you can create value through mentoring/help people learn new things.

Off the job: List reading, writing, contact with faculty supervisor, peer group discussion, field trips, observations, etc., you will make and carry out which will help you meet your learning objectives.

Evaluation: Your Internship supervisor will provide a written evaluation of your internship. Describe in detail what other evidence you will provide to your faculty Mentor to document what you have learned (e.g. journal, analytic paper, project, descriptive paper, oral presentation, etc.) Include deadline dates.

Part I	II: '	The	Interr	ıship
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Job Description: Describe in as much detail as possible your role and responsibilities while on your internship. List duties, project to be completed, deadlines, etc. How can you contribute to the organization/site of internship.

Supervision: Describe in as much detail as possible the supervision to be provided /needed at the work site. List what kind of instruction, assistance, consultation you will receive from whom, etc.

Evaluation: How will your work performance be evaluated? By whom? When?

Part IV: Agreement

This contract may be terminated or amended by student, faculty coordinator or work supervisor at any time upon written notice, which is received and agreed to by the other two parties.

Student	Date
Faculty Mentor	Date
Industry Supervisor	Date

FORMAT 4: RELIEVING LETTER OF STUDENT

To

Subject: Relieving letter of student and Industry. Dear Sir,

Kindly refer your letter/e-mail datedon the above cited subject. As permitted by your good self the following students will undergo Industrial Internship in your esteemed organization under your sole guidance & directions:

S.No.	Name of Students	Roll No.	Branch

This training being an essential part of the curriculum, the following guidelines have been prescribed in the curriculum for the training. You are therefore, requested to please issue following guidelines to the concerned manager/Industrial Supervisor.

- 1. Internship schedule may be prepared and a copy of the same may be sent to us.
- 2. Each student is required to prepare Internship diary and report.
- 3. Kindly check the Internship diary of the student daily.
- 4. Issue instruction regarding working hours during training and maintenance of the attendance record.

You are requested to evaluate the student's performance on the basis of grading i.e. Excellent, Very Good, Satisfactory and Non Satisfactory on the below mentioned factors. The performance report may please be forwarded to the undersigned on completion of training in sealed envelope.

S.No.	Name of Students	Evaluation Ranking
а	Attendance and general behaviour	
b	Relation with workers and supervisors	
С	Initiative and efforts in learning	
d	Knowledge and skills improvement	
е	Contribution to the organization	

Your efforts in this regard will positively enhance knowledge and practical skills of the students, your cooperation will be highly appreciated and we shall feel obliged.

The students will abide by the rules and regulation of the organization and will maintain proper discipline with keen interest during their Internship. The students will report to you on dated along with a copy of this letter.

Yours sincerely,

Training & Placement Officer

FORMAT 5: STUDENT'S DAILY DIARY/ DAILY LOG

DAY-1		DATE	
Time of arrival		Time of Departure	I Remarks
Deptt./Division		Name of	
		finished	
		Product	
Name of			
HOD/ Supervisor			
With e-mail			
id			
Main points of the	day		
		L	

Signature of Industry Supervisor

FORMAT 6: SUPERVISOR EVALUATION OF INTERN

Student Name:	Date:				
Work Supervisor:		Title: _			
Company/Organization:					
Internship Address:					
Dates of Internship: From		To			
Please evaluate your intern by indicating behaviors:	the frequency w	ith which you	observed t	he following	
Parameters	Needs improvement	Satisfactory	Good	Excellent	
Behaviors					
Performs in a dependable manner					
Cooperates with co-workers and supervisors					
Shows interest in work					
Learns quickly					
Shows initiative					
Produces high quality work					
Accepts responsibility					
Accepts criticism					
Demonstrates organizational skills					
Uses technical knowledge and expertise					
Shows good judgment					
Demonstrates creativity/originality					
Analyzes problems effectively					
Is self-reliant					
Communicates well					
Writes effectively					
Has a professional attitude					
Gives a professional appearance					
Is punctual					
Uses time effectively					
Overall performance of student intern (circ	le one):				
(Needs improvement/Satisfactory/	G	Good/	Excelle	ent)	
Additional comments, if any:					
Signature of Industry supervisor		HR Manag	ger		

FORMAT 7: STUDENT FEEDBACK OF INTERNSHIP (TO BE FILLED BY STUDENTS AFTER INTERNSHIP COMPLETION)

Student Name:			Date:	·	
Industrial Supervisor:			Title	e:	
Supervisor Email: Interest	ernship is	F	Paid	Unpaid	
Company/Organization:					
Internship Address:					
Faculty Coordinator:			Depart	ment:	
Dates of Internship: From		т	ō		
Give a brief description of your internsh Was your internship experience relatedYes, to a large degreeIndicate the degree to which you agree	to your maj Yes	or area of si , to a slight	tudy? degree	No, not	·
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field			<u> </u>		
Allowed me to apply classroom theory to practice					
Helped me develop my decision- making and problem-solving skills					
Expanded my knowledge about the work wor1d prior to permanent employment					
Helped me develop my written and oral communication skills					
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)					

Strongly

Agree

This experience has:

involved

Expanded my sensitivity to the ethical implications of the work

Strongly

Disagree

Disagree

No

Opinion

Agree

Made it possible for me to be more confident in new situations			
Given me a chance to improve my interpersonal skills			
Helped me learn to handle responsibility and use my time wisely			
Helped me discover new aspects of myself that I didn't know existed before			
Helped me develop new interests and abilities			
Helped me clarify my career goals			
Provided me with contacts which may lead to future employment			
Allowed me to acquire information and/ or use equipment not available at my Institute			

In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not?

How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately?

In what areas did you most develop and improve?

What has been the most significant accomplishment or satisfying moment of

your internship? What did you dislike about the internship?

Considering your overall experience, how would you rate this internship?

(Circle one). (Satisfactory/ Good/ Excellent)

Give suggestions as to how your internship experience could have been improved. (Could you have handled added responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer supervision needed? Was more of an orientation required?)

FORMAT 8: PROFORMA FOR EVALUTION OF INTERNSHIP BY INSTITUTE DEPARTMENT OF TRAINING AND PLACEMENT

Ph.		Fax	Email
Eva	lua	tion(I)	
1.	N	ame of Student	Mob. No
2.	C	ollege Roll No	University Roll No
3.	В	ranch/Semester	Period of Training
4.	Н	ome Address with contact No	
5.	Α	ddress of Training Site:	
6.	Α	ddress of Training Providing Agency:	
7.	Ν	ame/Designation of Training In- charge	
8.	T	ype of Work	
9.	D	ate of Evaluation	
	a)	Attendance: _(Satisfactory/Good/ Exc	ellent)
	b)	Practical Work: _(Satisfactory/Good/ I	Excellent
	c)	Faculty's Evaluation:_ (Satisfactory/ G	ood/ Excellent)
	d)	Evaluation of Industry: _(Satisfactory	/Good/Excellent)
Ove	rall	grade: (Satisfactory/ Good/ Excellent)	
Sig	nat	cure of Faculty Mentor	Signature of Internship Supervisor (Industry)
			With date and stamp
		ocopy of the attendance record duly led with the evaluation Proforma.	attested by the training in-charge should be

FORMAT 9: INTERNSHIP EVALUATION REPORT

(For 4 years Degree Programme / M.Tech. & MBA)
Name & Address of Organization

Sr. No.	Name of Student	Roll No.	Marks to be a	Marks to be awarded by										
Industry/ Organisation			Punctuality Grade (Satisfactory / Good/ Excellent)	Maintenanc e of Daily Diary Grade (Satisfactory / Good/ Excellent)	Skill Test Grade (Satisfactory / Good/ Excellent)									
(Satisfactory/ Good/ Excellent)														

FORMAT 10: ATTENDANCE SHEET

(For 4 years Degree Programme/ M.Tech. & MBA)

Name &	Ado	dre	SS (of (Org	ani	izat	tior	1																						
Name o	f St	ud	ent	t																											1
Roll. No																															1
Name o	f Co	our	se																												1
Date of	Date of Commencement of Trg.:																												Ī		
Date of	Cor	np	leti	ion	of	Tra	aini	ng:																							
Initials of t	he s	tud	ent																												
Month	1	2			5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
& Year																															
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