

ON COMPANY'S LETTER HEAD

CERTIFICATE OF COMPLETION

This is to certify that.....(Full Name of the Student),
a student of Master of Business Administration (MBA), a class of, Tecnia Institute
of Advanced Studies, Affiliated to GGS.IP. University bearing Enrolment
No....., has undertaken the Summer Internship Training at
..... (Name of the Company) during
..... to under my supervision & guidance.

He / She has conducted a study & completed the STR Titled

.....
.....

Submitted along with duly completed prescribed Summer Training Appraisal format

Signature of the Guide

Name of the Guide:

Designation:

Address:

Seal of Organization

Date:

Encl. Summer Training Appraisal Form (STA)

Summer Training Appraisal Form (STA)

Summer Training Appraisal form to be filled by the respective industry guides on the format prescribed by the GGSIP University which is as follows:

Summer Training Appraisal

Student's Name:

Programme:

You are requested to provide your opinion on the following parameters.

Outstanding	Good	Satisfactory	Unsatisfactory
A	B	C	D
1. Technical knowledge gathered about the industry and the job he/she was involved.			<input type="checkbox"/>
2. Communication Skills: Oral / Written / Listening skills			<input type="checkbox"/>
3. Ability to work in a team			<input type="checkbox"/>
4. Ability to take initiative			<input type="checkbox"/>
5. Ability to develop a healthy long term relationship with client			<input type="checkbox"/>
6. Ability to relate theoretical learning to the practical training			<input type="checkbox"/>
7. Creativity and ability to innovate with respect to work methods & procedures			<input type="checkbox"/>
8. Ability to grasp new ideas and knowledge			<input type="checkbox"/>
9. Presentations skills			<input type="checkbox"/>
10. Documentation skills			<input type="checkbox"/>
11. Sense of Responsibility			<input type="checkbox"/>
12. Acceptability (patience, pleasing manners, the ability to instill trust, etc.)			<input type="checkbox"/>
13. His/her ability and willingness to put in hard work			<input type="checkbox"/>
14. In what ways do you consider the student to be valuable to the organization?			<input type="checkbox"/>
Consider the student's value in term of: (a) Qualification			
(b) Skills and abilities			
(c) Activities/ Roles performed			
15. Punctuality			<input type="checkbox"/>

Any other comments _____.

Assessor's overall rating

Assessor's Name:

Designation:

Organization name and address:

Email id:

Contact No: