

9.	AICTE's MoU with LinkedIn	https://www.aicte-india.org/downloads/LinkedIn%20MoU.PDF
10.	AICTE's MoU with Telecom Sector Skill Council (TSSC)	https://www.aicte-india.org/downloads/mou_aicte_tssc_22_6_17.pdf
11.	AICTE's MoU with SCHOLARSMERIT	https://www.aicte-india.org/sites/default/files/Scholarsmerit.PDF
12.	AICTE's MoU with Studenting Era to facilitate AICTE approved academic institutions with services for their students & academic faculty	https://www.aicte-india.org/sites/default/files/Studenting%20Era.PDF
13.	AICTE's MoU with Ministry of Micro, Small and Medium Enterprises (MSME)	https://www.aicte-india.org/sites/default/files/Signed_MoU_with_AICTE.compressed.pdf

Board of Apprenticeship Training (BOAT) and Board of Practical Training (BOPT) have shown their keen interest to provide the internship training for 4 years Degree Program students. The details of BOAT/BOPT are as follows:

S.No	Board of Apprenticeship Training / Board of Practical Training (BOAT/BOPT)	Contact Details
1.	Board of Apprenticeship Training, BOAT, WR, Mumbai	director.boatwr@gmail.com
2.	Board of Apprenticeship Training, BOAT, SR, Chennai	boat_sr@vsnl.net
3.	Board of Apprenticeship Training, BOAT, NR, Kanpur	director@boatnr.org boatkanpur@gmail.com
4.	Board of Practical Training, ER, Kolkata	director@boptr.gov.in

Chapter 8: Mapping of internship programme outcome with NBA Graduate attributes:



List of Annexures:

FORMAT 1. STUDENT INTERNSHIP PROGRAM APPLICATION

Complete and submit to the Internship Program Coordinator. Type or print clearly.

1. Student Name:			
2. Campus Address:		Phone:	
3. Home Address:		Phone:	
3a. Student email address:			
4. Academic Concentration:		5. Internship Semester: _____ Year.	
6. Overall GPA:			
9. Internship Preferences			
	Location	Core Area	Company/ institution
Preference-1			
Preference-2			
Preference-3			
Faculty mentor Signature: _____ Date _____. Signature confirms that the student has attended the internship orientation and has met all paperwork and process requirements to participate in the internship program, has met the minimum overall GPA of 2.0, average GPA within major of 2.5 and has received approval from his/her Advisor..			
Student Signature: _____ Date _____. Signature confirms that the student agrees to the terms, conditions, and requirements of the ASC Internship Program			



FORMAT 4: RELIEVING LETTER OF STUDENT AND INDUSTRY.

To

.....
.....
.....

Subject: Relieving letter of student and Industry.

Dear Sir,

Kindly refer your letter/e-mail dated..... on 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
a	Attendance and general behaviour	
b	Relation with workers and supervisors	
c	Initiative and efforts in learning	
d	Knowledge and skills improvement	
e	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 a 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		Remarks
Deptt./Division		Name of finished Product		
Name of HOD/Supervisor				
With e-mail id				
Main points of the day				

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 the frequency with which you observed the following behaviors:

Behaviors	4	3	2	1
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 (circle one):

(Satisfactory/ Good/ Excellent)

Additional comments, if any:

Signature of Industry supervisor

HR Manager



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

Student Name: _____ Date: _____
 Industrial Supervisor: _____ Title: _____
 Supervisor Email: _____ Internship is: ___Paid ___Unpaid
 Company/Organization: _____
 Internship Address: _____
 Faculty Coordinator: _____ Department: _____
 Dates of Internship: From _____ To _____

*****Please fill out the above in full detail*****

Give a brief description of your internship work (title and tasks for which you were responsible):

Was your internship experience related to your major area of study?

___ Yes, to a large degree ___ Yes, to a slight degree ___ No, not related at all

Indicate the degree to which you agree or disagree with the following statements.

This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field					
Allowed me to apply classroom theory to practice					
Helped me develop my decision-making and problem-solving skills					
Expanded my knowledge about the work world 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)					
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree



Expanded my sensitivity to the ethical implications of the work involved					
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 SIX MONTHS INDUSTRIAL INTERNSHIP BY INSTITUTE

DEPARTMENT OF TRAINING AND PLACEMENT

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.**



FORMAT 9: INTERNSHIP EVALUATION REPORT

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

Name & Address of Organization

Period of Training: From _____ To _____

Class (With Discipline) _____

Sr. No.	Name of Student	Roll No.	Marks to be awarded by Industry/Organisation			OVER ALL GRADE (Satisfactory/ Good/ Excellent)
			Punctuality Grade (Satisfactory/ Good/ Excellent)	Maintenance of Daily Diary Grade (Satisfactory/ Good/ Excellent)	Skill Test Grade (Satisfactory/ Good/ Excellent)	



Format 10: ATTENDANCE SHEET

Name of Student																																	
Roll. No																																	
Name of Course																																	
Date of Commencement of Trg.:																																	
Date of Completion of Training:																																	
Initials of the student																																	
Sr. No	Month & Year	1	2	3	4	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	31	

Note :

1. Attendance Sheet should remain affixed in Daily Training Diary. Do not remove or tear it off.
2. Student should sign/initial in the attendance column. Do not mark 'P'
3. Holidays should be marked in **Red Ink** in attendance column. Absent should be marked as '**A**' in **Red Ink**.

Signature of Company internship supervisor
with company stamp/ seal

(Name _____)

Contact No.

