

FORMS

A. Confidential report by the Head of the Department

1. Name of the Student: _____

2. Name & address of the Organization: _____

3. Date of Internship: From: ____/____/____ **To** ____/____/____

4. Tasks assigned to the intern

5. Quality of the work done by the intern

6. Whether you would consider him/her for employment in future

7. Your opinion about his/her work

Date:

Signature and Seal

B. Confidential Evaluation Form

Note: Please tick(√) below the column to signify the response that suits your evaluation.

SL.NO.	CRITERION*	EXCELLENT	GOOD	AVERAGE
1	Punctuality			
2	Willingness to learn			
3	Reception of feedback			
4	Taking initiatives			
5	Analytical skills			
6	Research skills			
7	Writing skills			
8	Meeting deadlines			
9	Adjusting to work environment			
10	Working in a team			
11	Knowledge of relevant laws			
12	Communication skills			

Date:

Signature and Seal

***Parameters may vary depending on the nature of internship.**