 1592

ANNEXURE VII

INTERNSHIP ATTENDANCE LOG

Interns Details	
Name of the Student:	**Programme: B.A./B.Sc./B.Com**
Department:	
College Name / Roll No.	**University Registration No.**

Details of the Agency/NGO/Institute	
Name:	**Logo, if any**
Address:	
Mobile Number (Owner/Manager/Head):	
Name of the Supervisor:	

Attendance Log

Sl.No.	Date	Time In	Time Out	Total Hours	Signature of the Supervisor	Remarks

01/06/

Annexure III

INTERNSHIP COMPLETION CERTIFICATE

(To be issued by the IPO on its letterhead)

This is to certify that **Mr./Ms. [Name of Student]**, S/o or D/o **[Father's/Guardian's Name]**, bearing University Registration/Enrolment No. **[Registration Number]** of **[Name of the Institution]**, Session **[Year]**, with Major in **[Subject]**, has successfully completed his/her internship with our organisation.

Internship Duration: From **[Start Date]** to **[End Date]**
Total Hours Completed: [Total Hours]

Internship Performance Assessment

During the internship, the student worked on [Briefly mention project/tasks]. Based on our observation and mentorship, we assess the student's performance as follows:

S. No.	Assessment Criteria	Rating (Outstanding / Good / Satisfactory / Needs Improvement)
1.	Technical Knowledge & Application	[Select Rating]
2.	Quality of Work & Task Completion	[Select Rating]
3.	Initiative & Problem-Solving Ability	[Select Rating]
4.	Communication & Interpersonal Skills	[Select Rating]
5.	Punctuality, Discipline & Professional Conduct	[Select Rating]

Supervisor's Remarks:

[Optional: Add brief qualitative comments on the student's overall performance, strengths, or areas for growth.]

Signature of IPO Supervisor/Head
Name:
Designation:
Organization Seal:

Date:
Place:

ANNEXURE V

COVER PAGE FORMAT

University Logo

Name of the Institution

Internship Report

Month and Year

Name of the IPO

Name of Student

Programme

University Roll Number of Student

Semester

Session

Signature of Students

Seal & Signature of Internship Supervisor/IPO