

**Two Months Internship Evaluation by Supervisor**

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| Name of the Student: |  |
| Branch & Semester: |  | **Student’s Institute / Organization Name with Address:** |  |
| Title of Project: |  |
| Period of Internship: | From: | To: | No. of Months: |  |
| Name of the Supervisor with Department : |  |
| Date of Evaluation: |  |

* **The interns are evaluated on the basis of following points to generate the constructive feedback.**
* **This evaluation form will be filled by the supervisor.**

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| **EVALUATION METRIC** |
| **Sr.Nos** | **Evaluation Points** | **Not Satisfactory** | **Satisfactory** | **Good** | **Excellent** | **Score** |
| **less than 4** | **(4 to 5)** | **(6 to 7)** | **(8 to 10)** |
| **GRADING CRITERIA** |
| **1** | **Learning Ability (10 Points)** |  |  |  |  |  |
| Remarks (If any) |  |
| **2** | **Initiation and Creativity (10 Points)** |  |  |  |  |  |
| **3** | **Quality of Work (10 Points)** |  |  |  |  |  |
| Remarks (If any) |  |
| **4** | **Attendance and Punctuality (10 Points)** |  |  |  |  |  |
| **5 (a)** | **Outcome (05 Points)** |  |  |  |  |  |
| **(**specify details of paper published / presented / patent filed or product development during the period of internship) |
| Details (If any) |  |
| **5 (b)** | **Report Quality (05 Points)** |  |  |  |  |  |
| **TOTAL SCORE (50)** |  |  |  |  |  |

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| **Overall Performance (50)** | **Not Satisfactory ( less than 20)** | **Satisfactory (20 to 30)** | **Good (30 to 40)** | **Excellent (40 to 50)** |
| **Please mark (√ )** |  |  |  |  |
| Remarks (If any) |  |  |  |  |

**Name & Signature of the Supervisor**

**Internship Coordinator**

**HoD**

**Associate Dean**