भारतीय सूचना प्रौद्योगिकी संस्थान, नागपुर
Indian Institute of Information Technology, Nagpur

"An Institution of National Importance by an Act of Parliament"

Survey No. 140,141/1 Behind Br. Sheshrao Wankhade Shetkari Soot Girni, Village: Waranga,
Po: Dongargaon (Butibori), District : Nagpur (Maharashtra) -441108

Website:www.iiitn.ac.in Email: director@iiitn.ac.in, registrar@iiitn.ac.in   Phone:9405215010

सुपरवाइज़र द्वारा दो/छह महीने की इंटर्नशिप के लिए मूल्यांकन पत्र

Two / Six Months Internship Evaluation Form by Supervisor

Name of the Student:			
Branch & Semester:		**Student's Institute / Organization Name with Address:**	
Title of Project:			
Duration of Internship:	**From:**	**To:**	**No. of Months:**
Internship Duration Extended : (Tick √)	**YES / NO**	**if Yes Please mention- Extended Date : & Reason for Extension:**	
Name of the Supervisor with Department :			
Date of Evaluation:			

- The interns are evaluated on the basis following points to generate the constructive feedback.
- This evaluation form will be filled by the supervisor.
- Please rate the internship performance of the student in the following areas on a scale of 0 to 10.

RATING			
Not Satisfactory (0 to 4)	**Satisfactory (4 to 5)**	**Good (6 to 7)**	**Excellent (8 to 10)**

GRADING CRITERIA			
Sr.No.	**Area**	**Rating**	**Comments** (optional)
1	**Learning Ability** (10 Points)		
2	**Initiation and Creativity** (10 Points)		
3	**Quality of Work** (10 Points)		
4	**Attendance and Punctuality** (10 Points)		
5 (a)	**Outcome** (05 Points) **Details (If any):** Specify details of paper published / presented / patent filed or product development during the period of internship		
5 (b)	**Report Quality** (05 Points)		
	TOTAL SCORE (out of 50)		

Overall Performance (50)	Not Satisfactory (< 20)	Satisfactory (20 to 30)	Good (30 to 40)	Excellent (40 to 50)
Please mark (√)				

Dr. Richa Makhijani

Name & Signature of the Supervisor   **Internship Coordinator**

Head of the Department (CSE / ECE / BS)

Approved / Not Approved

Associate Dean