

Internship Feedback Form

Student Name: _____

Student Enrolment No: _____

Branch: _____

Contact No.: _____

Email ID.: _____

Internship Institute/Industry:		Name & Designation of Incharge	
Department in Institute/Industry		Place:	
Start Date:		End Date:	
Field of internship		Session	

A) About Internship Provider *(kindly tick one option)*

Particulars	Strongly agree	Agree	Disagree	Strongly disagree
Adequate time is provided for question & discussion, and clearing doubts.				
The relevant material is provided				
The incharge demonstrates the use of Tools & Equipment to conduct the experiments.				
Whether internship conducted regularly and on time				
I wish to do internship again next year if chance given				

B) About the Venue *(kindly tick one option)*

Particulars	Excellent	Good	Average	Poor
The center and labs/workshop is hygienic and safe				
The workshop/Lab is good in terms of space, lightning and seating arrangement.				
The stay arrangement was good				
The food was good				

Date:- _____

Signature _____