



**ORGANIZATION/COMPANY FEEDBACK ON INDUSTRIAL TRAINING/INTERNSHIP**

Name of Student \_\_\_\_\_

Class Roll No \_\_\_\_\_ University Roll \_\_\_\_\_

Name & Address of the Industry/Organization/Company: \_\_\_\_\_  
\_\_\_\_\_

Industrial Training/Internship conducted from (Date): \_\_\_\_\_ to \_\_\_\_\_

Title/Short description of the Industrial Training/Internship: \_\_\_\_\_  
\_\_\_\_\_

(Please put  $\sqrt$  in appropriate boxes)

| Criterion no. | Criterion/Attributes   | Excellent (5) | Good (4) | Average (3) | Poor (2) | Very Poor (1) |
|---------------|--|---------------|----------|-------------|----------|---------------|
| 1             | Knowledge about the Company/Organization & its products and services |               |          |             |          |               |
| 2             | Technical skill gained or Applied in the training/internship         |               |          |             |          |               |
| 3             | Individual Task Assigned/Case study during training/internship       |               |          |             |          |               |
| 4             | Proficiency in use of Modern Engineering/ICT based tools             |               |          |             |          |               |
| 5             | Participation in group task/team work                                |               |          |             |          |               |
| 6             | Training report preparation/ Documentation                           |               |          |             |          |               |
| 7             | Presentation of Learning experience/Communication Skill              |               |          |             |          |               |
| 8             | Awareness on safety & Environment and industrial hazards             |               |          |             |          |               |
| 9             | Regularity/Attendance  |               |          |             |          |               |

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name, Dept. & Designation of the Training Supervisor  
with Office Seal & date