



**Student Internship Survey Form**  
 (To be filled by Employer)

**1. Organization Details**

Company of Internship: \_\_\_\_\_

Email: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

**2. Internee Details**

Name: \_\_\_\_\_ Roll No: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Duration of Internship in weeks: \_\_\_\_\_ Assigned Task: \_\_\_\_\_

Your feedback on the quality of education is important for further improvements. Please evaluate the student's performance and conduct during internship training by selecting the Legend:

Attributes	1: Poor	2: Fair	3: Good	4: Very Good	5: Excellent
<b>Ability to Apply Knowledge &amp; Skills</b> (PLO-1)					
<b>Ability to accomplish assigned tasks</b> (PLO-11,12)					
<b>Punctuality and discipline</b> (PLO-8)					
<b>Ability to cooperate</b> (PLO-9)					
<b>Interpersonal skills</b> (PLO-10)					

Remarks (if any):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Designation: \_\_\_\_\_

Signature (Stamp): \_\_\_\_\_

Date: \_\_\_\_\_