



Nalanda College of Engineering, Chandi(Nalanda)

Chandi –Jalalpur Rd. Gokhulpur, Bihar PIN 803108

Website: www.ncechandi.ac.in

Contact us: E-mail- tpcofncechandi@gmail.com / nce.internship@gmail.com

STUDENT INTERNSHIP PROGRAM APPLICATION:

Complete and submit to the TPO/ Internship Program Coordinator:

1. Student Name:			
2. Campus Address:		Roll No:	
3. Home Address:		Phone:	
3a. Student email address:			
4. Academic (Branch):	5.a. Internship Semester: _____ b. Year: _____		
6. Overall GPA:	7.Registration No:		
8. Internship Preferences			
	Company/ institution	Core Area	Location
Preference-1			
Preference-2			
Preference-3			
Departmental internship coordinator Full Name:		Signature:	

Signature confirms that the student has attended the internship orientation and has met all paperwork and process requirements to participate in the internship program, and has received approval from his/her Advisor..

Student Signature: _____ Date _____.

Signature confirms that the student agrees to the terms, conditions, and requirements of the Internship Program



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AGREEMENT: INTERNSHIP SYNOPSIS

An internship is a unique learning experience that integrates studies with practical work. This agreement is written by the student in consultation with the faculty Mentor and Industrial supervisor. It shall serve to clarify the educational purpose of the internship and to ensure an understanding of the total learning experience among the principal parties involved.

Part I: Contact Information

Student

Name: _____ Student ID# _____ Class Year: _____

Campus Address: _____

City, State: _____

Phone: _____ Email: _____

Industrial Supervisor

Name: _____ Title: _____

Company/Organization: _____

Internship Address: _____

City, State, Pin: _____

Phone: _____ Email: _____

Faculty Mentor

Name: _____ Phone: _____

Campus Address: _____

Academic Credit Information

Internship Title: _____ Department: _____

Course #: _____ Credits: _____

Grading Option: _____ Credit/Non-credit _____

Beginning Date: _____ Ending Date: _____

Hours per Week: _____ Internship is: _____ Paid _____ Unpaid _____

Part II: Internship Objectives/Learning Activities

Internship Objectives: What do you intend to learn, acquire and clarify through this internship? Try to use concrete, measurable terms in listing your learning objectives under each of the following categories:

Knowledge and Understanding

Skills

Learning Activities:

On the job:

Teaching/Mentoring Activities:

Off the job:

Evaluation:

Part III: The Internship

Job Description

Supervision:

Evaluation:

Part IV: Agreement

This contract may be terminated or amended by student, faculty coordinator or work supervisor at any time upon written notice, which is received and agreed to by the other two parties.

Student _____

Date _____

Faculty Mentor _____

Date _____

Industry Supervisor _____

Date _____



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Ref No:

Date:

RELIEVING LETTER OF STUDENT:

To

.....

.....

Subject: Relieving letter of student and Industry.

Dear Sir / Madam,

Kindly refer your letter/e-mail dated..... on the above cited subject. As permitted by your good self the following students will undergo Industrial Internship in your esteemed organization under your sole guidance & directions:

SL. No.	Name of Students	Roll No.	Branch

This training being an essential part of the curriculum, the following guidelines have been prescribed in the curriculum for the training. You are therefore, requested to please issue following guidelines to the concerned manager/Industrial Supervisor.

1. Internship schedule may be prepared and a copy of the same may be sent to us.
2. Each student is required to prepare Internship diary and report.
3. Kindly check the Internship diary of the student daily.
4. Issue instruction regarding working hours during training and maintenance of the attendance record.

You are requested to evaluate the student's performance on the basis of grading i.e. Excellent, Very Good, Satisfactory and Non Satisfactory on the below mentioned factors. The performance report may please be forwarded to the undersigned on completion of training in sealed envelope.

S.No.	Name of Students	Evaluation Ranking
a	Attendance and general behaviour	
b	Relation with workers and supervisors	
c	Initiative and efforts in learning	
d	Knowledge and skills improvement	
e	Contribution to the organization	

Your efforts in this regard will positively enhance knowledge and practical skills of the students, your cooperation will be highly appreciated and we shall feel obliged.

The students will abide by the rules and regulation of the organization and will maintain a proper discipline with keen Interest during their Internship. The students will report to you on dated..... along with a copy of this letter.

Yours sincerely,

Training & Placement Officer/ Internship Coordinator



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STUDENT'S DAILY DIARY/ DAILY LOG

DAY-1		DATE		
Time of arrival		Time of Departure		Remarks
Dep't./Division		Name of finished Product		
Name of HOD/ Supervisor With e-mail id				
Main points of the day				

Signature of Industry Supervisor/ Training Incharge/Mentor/Professor



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SUPERVISOR EVALUATION OF INTERN

Student Name: _____ Date: _____

Work Supervisor: _____ Title: _____

Company/Organization: _____

Internship Address: _____

Dates of Internship: From _____ To _____

Please evaluate your intern by indicating the frequency with which you observed the following behaviors:

Parameters	Needs improvement	Satisfactory	Good	Excellent
Behaviors				
Performs in a dependable manner				
Cooperates with co-workers and supervisors				
Shows interest in work				
Learns quickly				
Shows initiative				
Produces high quality work				
Accepts responsibility				
Accepts criticism				
Demonstrates organizational skills				
Uses technical knowledge and expertise				
Shows good judgment				
Demonstrates creativity/originality				
Analyzes problems effectively				
Is self-reliant				
Communicates well				
Writes effectively				
Has a professional attitude				
Gives a professional appearance				
Is punctual				
Uses time effectively				

Overall performance of student intern (circle one):

(Needs improvement/ Satisfactory/ _____ Good/ _____ Excellent)

Additional comments, if any:

Signature of Industry supervisor/Training Incharge/Mentor/Professor

HR Manager



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STUDENT FEEDBACK OF INTERNSHIP:

Student Name: _____ Date: _____

Industrial Supervisor: _____ Title: _____

Supervisor Email: _____ Internship is: _____ Paid _____ Unpaid _____

Company/Organization: _____

Internship Address: _____

Faculty Coordinator: _____ Department: _____

Dates of Internship: From _____ To _____

Please fill out the above in full detail

Give a brief description of your internship work (title and tasks for which you were responsible):

Was your internship experience related to your major area of study?

_____ Yes, to a large degree _____ Yes, to a slight degree _____ No,
not related at all indicate the degree to which you agree or disagree with the following statements.

This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Given me the opportunity to explore a career field					
Allowed me to apply classroom theory to practice					
Helped me develop my decision-making and problem-solving skills					
Expanded my knowledge about the work world prior to permanent employment					
Helped me develop my written and oral communication skills					
Provided a chance to use leadership skills (influence others, develop ideas with others, stimulate decision-making and action)					
This experience has:	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
Expanded my sensitivity to the ethical implications of the work involved					

Made it possible for me to be more confident in new situations					
Given me a chance to improve my interpersonal skills					
Helped me learn to handle responsibility and use my time wisely					
Helped me discover new aspects of myself that I didn't know existed before					
Helped me develop new interests and abilities					
Helped me clarify my career goals					
Provided me with contacts which may lead to future employment					
Allowed me to acquire information and/or use equipment not available at my Institute					

In the Institute internship program, faculty members are expected to be mentors for students. Do you feel that your faculty coordinator served such a function? Why or why not?

How well were you able to accomplish the initial goals, tasks and new skills that were set down in your learning contract? In what ways were you able to take a new direction or expand beyond your contract? Why were some goals not accomplished adequately?

In what areas did you most develop and improve?

What has been the most significant accomplishment or satisfying moment of your internship?

What did you dislike about the internship?

Considering your overall experience, how would you rate this internship? (Circle one).

(Satisfactory/ Good/ Excellent)

Give suggestions as to how your internship experience could have been improved. (Could you have handled added responsibility? Would you have liked more discussions with your professor concerning your internship? Was closer supervision needed? Was more of an orientation required?)



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ATTENDANCE SHEET

(For 4 years Degree Programme.)

Name & Address of Organization

Name of Student																															
Roll. No																															
Name of Course																															
Date of Commencement of Training.																															
Date of Completion of Training:																															

Initials of the student

Month & Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Note :

1. Attendance Sheet should remain affixed in Daily Training Diary. **Do not remove or tear it off.**
2. Student should sign/initial in the attendance column. Do not mark 'P'
3. Holidays should be marked in **Red Ink** in attendance column. Absent should be marked as '**A**' in **Red Ink**.

Signature of company internship Supervisor/Training Incharge/mentor/Professor with company stamp/seal

(Name _____) Contact No _____



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Ref. No.: NCE/T & P /V.T./...../2025

Date:

From,
Training and Placement Officer,
Nalanda College of Engineering, Chandi (Nalanda)

To,

Sub: Regarding Industrial Training of _____ weeks during _____

Dear Sir/Madam

As a part of academic curriculum in order to boost the quality of our students and to meet the present industry standards, it is mandatory for the pre-final year B. Tech. students (CS, CE, ME, EEE) of our institute to undergo an **industrial training for a minimum period of _____ weeks** in the industries as per specialization of subjects of the respective students.

In this context the undersigned will be pleased and highly obliged if you kindly consider and permit the following student to undergo Industrial training at your esteemed organization as per the following schedule: -

Sl.No.	Name of Student	Branch	Roll No.	Between
1				
2				
3				
4				
5				

Your kind co-operation in this regard is highly solicited. Hoping for a favorable response.

Thanking you and with kind regards.

**Training & Placement Officer,
Nalanda College of Engineering, Chandi (Nalanda)**



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