



# INTERN'S EVALUATION FORM

(To be filled by Organization)

Evaluator Name: \_\_\_\_\_ Evaluator designation: \_\_\_\_\_

Organization's Name & Branch: \_\_\_\_\_

Student's Name: \_\_\_\_\_ AU ID: \_\_\_\_\_

Starting date of Internship: \_\_\_\_\_ Ending date of Internship: \_\_\_\_\_

Official timing during the internship: \_\_\_\_\_

## Rating System

0= Unsatisfactory    1= Needs Improvement    2= Satisfactory    3= Excellent    4= Outstanding

S.N O.	PLO	Statement	Rating				
1.	Engineering Knowledge	How successfully did the student synthesize theoretical concepts of engineering with practical application?	0	1	2	3	4
2.	Problem Analysis	How effectively did the student identify and solve engineering problems?	0	1	2	3	4
3.	Modern Tool Usage	Rate the student's ability to learn and select modern tools for engineering problem solutions.	0	1	2	3	4
4.	The Engineer and Society	To what extent the student was aware of environmental challenges in organizations or Society while practicing engineering principles?	0	1	2	3	4
5.	Environment and Sustainability	How well did the student contribute to waste management practices during their internship?	0	1	2	3	4
6.	Ethics	To what extent did the student adhere to ethical standards and code of conduct in interactions with colleagues and field of work?	0	1	2	3	4

7.	Individual and Teamwork	9	How well did the student contribute to assigned tasks and responsibilities during the internship?	0	1	2	3	4
8.	Communication	10	How efficient was the student in verbal and written communication?	0	1	2	3	4
9.	Life-long Learning	12	Rate the student's ability to adapt to new challenges and seek opportunities for self-improvement.	0	1	2	3	4

**Strengths of the intern:**

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**Areas of improvement (If any):**

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**Details of Department(s) Attended by the Intern during the Internship Program:**

Sr. #	Name of Departments	Major Tasks	Duration	
			From	To

Keeping in view the intern's overall performance during the internship program would you like to offer him/her a job in your organization if a position becomes available?

YES

NO

If yes, why: \_\_\_\_\_

\_\_\_\_\_

If no, why: \_\_\_\_\_

\_\_\_\_\_

Any remarks/suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Official Seal/Stamp

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

Contact No(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Thank you for your cooperation!