## Professional Development Courses PDC01: Industrial Training – Proposal

1.	Name of the Student						
	Enrolment Number						
	Programme						
	Semester						
2.	Department	CE/ME/EC/CS/EE/EI/CH/IT/					
3.	Nature of Training	Industrial Training / Internship					
4.	Name of the Industry /						
	Institution						
5.	Duration of Training						
	Spell One						
	Spell Two						
6.	Brief Outline of the Training Plan / Internship (attach separate sheet if required)						
7. Documents Enclosed							
SI. No		nent Details	Tick				
1	Letter of Consent from the Industry / Institution						
2	Training Plan						

The proposal for Industrial Training / Internship is submitted to the HoD for approval

## *Signature of the Faculty Coordinator* Date:

*Signature of the Student* Date:

## FOR HoD'S OFFICE USE

The training proposal is approved. On completion of training, the student will be assessed by a committee comprising of following members:

1.

2.

3. Faculty Coordinator (member)

Signature of the HoD Date:

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## <u>Professional Development Courses</u> <u>PDC01: Industrial Training – Assessment</u>

1.	Date of <i>i</i>	Assessme	nt				
2.	Members of the Assessment Committee						
	SI.No.		Name of Faculty			Signature	
	1						
	2						
	3						
3.	Assessment						
	Training			Presentation			
	(Out o			(Out of 50)			
	Total ( <i>N</i>	Aarks ou	t of 100 <b>)</b>				
	Grade ( <b>S/A /B</b> )						
Signat Date:	ture of the	Faculty	Coordinator			<i>Signature of the HoD</i> Date:	