**IQAC/2018/28**

To **Date:-**

 The General Manager (HR)

 .......................................

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**Subject:** Permission for internship to the student of Engineering (B.Tech.)

Dear Sir/Madam,

 Warm Greetings!

We would like to introduce ourselves first. Our College has been established in 2009 and situated at Ghogaon, around 25 Km from Karad, Dist - Satara in the rural area.  Recently in 2017, we have converted our diploma engineering courses into degree engineering. Our college is approved by AICTE New Delhi and DTE Mumbai as well as affiliated to Dr. Babasaheb Ambedkar Technological University, Lonere, Dist - Raigad.

We are providing degree education for four branches such as Civil Engineering, Mechanical Engineering, Electrical Engineering and Computer Science Engineering. As per directions of AICTE and curriculum of University, every student has to undergo for internship of 4 to 6 weeks every year in summer and winter vacation. This is compulsory for them to get practical training on field. This internship carries credit points and which will be reflected on their marksheet. Therefore we hereby request you to accommodate our minimum 5 to 8 students of first / second year (ME/ CE/ EE / CSE) for internship at your reputed organization in summer vacation of May - June 2019.  The students will follow the rules and regulations of your company during this period. The details of students seeking for internship are as follows.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name** | **Roll No.** | **Year(FE/SE)** | **Discipline** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

We are grateful to you in the anticipation of your kind permission to students and for helping the Engineering education.

Awaiting for your favourable reply.  Thank you once again.

Regards,

Yours Sincerely,

**Faculty coordinator  TPO coordinator  TPO Principal**



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 Shree Santkrupa Shikshan Sanstha’s

 **Shree Santkrupa Institute of Engineering and Technology**

 Ghogaon (Shivajinagar), Tal-karad, Dist-Satara

**STUDENT’S DAILY DIARY/ DAILY LOG:**

|  |  |  |
| --- | --- | --- |
| DAY-1 | DATE |  |
| Time of arrival |  | Time of Departure |  | Remarks |
| Deptt./Division |  | Name of finished Product |  |  |
| Name of HOD/ Supervisor With e-mail id |  |
| Main points of the day |  |
|  |



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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: | Class Year: |
| Campus Address: |
| City, State: |
| Phone: | Email: |

**Part II: Industrial Supervisor**

|  |  |
| --- | --- |
| Name: | Class Year: |
| Company Name & Address: |
| City, State: |
| Phone: | Email: |

**Part III: Faculty Mentor**

|  |  |
| --- | --- |
| Name: | Class Year: |
| Address: |
| City, State: |
| Phone: | Email: |

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**DEPARTMENT OF TRAINING AND PLACEMENT**

Ph.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Sheet:**

1. Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. College Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_University Roll No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Branch/Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period of Training\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Home Address with contact No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Address of Training Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Address of Training Providing Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name/Designation of Training In- charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Type of Work:

9. Date of Evaluation:

 a) Attendance: (Satisfactory/ Good/ Excellent)

b) Practical Work: (Satisfactory/ Good/ Excellent

c) Faculty’s Evaluation: (Satisfactory/ Good/ Excellent)

d) Evaluation of Industry: (Satisfactory/ Good/ Excellent)

**Overall grade:** (Satisfactory/ Good/ Excellent)

**Signature of Faculty Mentor Signature of Internship Supervisor (Industry)**