



STUDENT FEEDBACK FORM OF INDUSTRIAL TRAINING/INTERNSHIP

Name of Student _____

Class Roll No _____ University Roll _____

Branch _____ Semester _____

Name & Address of the Industry/Organization/Company: _____

Industrial Training/Internship conducted from (Date): _____ to _____

Title/Short description of the Industrial Training/Internship: _____

Impact/Learning Experience of the student from the Training/ Internship:

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of the Student with Date