



PERFORMANCE EVALUATION FORM FOR INTERNSHIP

A. PARTICULARS :

Name of the Student: \_\_\_\_\_  
Course: Integrated MBA  
Enrollment Number: \_\_\_\_\_  
Name of the Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone & Email: \_\_\_\_\_  
Project Assigned: \_\_\_\_\_  
Name/ Designation of the Guide: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Joining the Organization: \_\_\_\_\_  
Date of Completing the Internship: \_\_\_\_\_

B. EVALUATION :

Area of Performance	Maximum	Marks Obtained
Conceptual Knowledge	15	
Attitude to Work	15	
Initiative and sincerity	15	
Communication skills	15	
Practical Adaptability	10	
Teamwork	10	
Interpersonal relations	10	
Punctuality and regularity	10	
<b>TOTAL</b>	<b>100</b>	

Overall comments of the Evaluator:

Signature of Evaluator

(With Official Seal)

For the Department

1. Would you consider offering the trainee employment:
2. Would you be willing to participate in our campus placement:
3. When would you like us to contact you in this regard:

Signature of Evaluator

This document may please be sent confidentially to the placement Officer, Department of Management Studies, University of Kashmir immediately after the completion of the Internship.