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***Industrial Training Notification/Institutional Teaching Exposure Notification***

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Name: \_\_\_\_\_ Student's ID No.: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

No. Of Credit Hours Completed: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No. \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

1. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name(s) and Address(s) of Company  
Applied (if any):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: 1. \_\_\_\_\_

Fax: 1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use only

Form No.	
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**FINAL PLACEMENT CONFIRMATION FORM**

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Student's Name: \_\_\_\_\_

Student's ID No.: \_\_\_\_\_

Company's Name and Address: (Door number and street name, not P.O. Box)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail \_\_\_\_\_

Designation: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Any allowance given? Yes/No If yes, state how much: Rs \_\_\_\_\_

Student's signature: \_\_\_\_\_

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

<b>Important Reminder:</b>
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Please attach a copy of the hotel/institution offer letter
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Once this form is submitted, no change is allowed
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For office use only

All details have been updated:	Yes/No
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\_\_\_\_\_  
Co-coordinator, I.E.T

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***Industrial Training Notification/Institutional Teaching Exposure Notification***

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Student's Name: \_\_\_\_\_ Student's ID No.: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Company's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***To be filled by host supervisor:***

I certify that the above named student has registered for the industrial training at our organization commencing from:

\_\_\_\_\_ to \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_ E-mail \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile No: \_\_\_\_\_

\_\_\_\_\_

Host Supervisor's Signature and Stamp:



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

Please send (post or fax) to: Co-coordinator of Industrial Training  
Soorya Institute of Management Studies  
2<sup>nd</sup> Main Road, Mahavir Nagar  
Karuvadikuppam  
Puducherry- 605008.



Mention two important experiences obtained:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

Any problem encountered? No:  Yes:  if yes, please state below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In general how do you evaluate your training?

Excellent

Satisfactory

Not Satisfactory

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

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**Head of the department Report**  
(To be filled by the head of the department or equivalent designators)

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Student's Name: \_\_\_\_\_

Student's ID No.: \_\_\_\_\_

Training Duration: From \_\_\_\_\_ to \_\_\_\_\_

Name and Address of the Training Organization:

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Overall training evaluation. Please circle the appropriate range\* (1 to 5)

\* Range: 5- Excellent, 4- Good, 3-Satisfactory, 2-Below Average, 1-Weak

(I) Attendance	1	2	3	4	5
(II) Co-operation	1	2	3	4	5
(III) Communication Ability	1	2	3	4	5
(IV) Association	1	2	3	4	5
(V) Adaptation	1	2	3	4	5
(VI) Knowledge	1	2	3	4	5
(VII) Industrial Skills/subject knowledge	1	2	3	4	5
(VIII) Quality of Work/teaching	1	2	3	4	5
<b>TOTAL (I+II+ .....+ VIII)</b>	_____				

Please list three major activities of training which the student have been exposed to

(a) \_\_\_\_\_ ( %)

(b) \_\_\_\_\_ ( %)

(c) \_\_\_\_\_ ( %)

Total: \_\_\_\_\_ (100 %)

Comments or suggestions:

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HOD / Supervisor's signature and stamp

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

Please send by Fax or Post to: *The Co-ordinator  
Soorya Institute of Management Studies  
3<sup>rd</sup>, Main Road, Mahavir Nagar  
Karuvadikuppam, Puducherry- 605008*

**DEPARTMENT HOD / SUPERVISOR PARTICULARS**

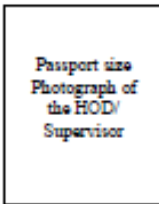
Name of the HOD/ Supervisor:.....

Qualification:.....

Designation: .....

Name & Address with Phone No of Organization with Seal

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



(Note: Please enclose the Bio-data of the HOD/ Supervisor From your Training Venue)



**STUDENT'S PERFORMANCE EVALUATION FORM**  
(to be filled by Sims)

Academic Session : 20 to 20 Semester: \_\_\_\_\_

Course : Industrial Training Code: \_\_\_\_\_

Program : \_\_\_\_\_

Name : \_\_\_\_\_

Enrollment No : \_\_\_\_\_

Form E (Host) (40%)	Form G (Internal) (30%)	Report logbook (30%)	Total (100%)	Grade Status*

\*Pass (P)

Fail (F)

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

Signature: \_\_\_\_\_