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| **NED UNIVERSITY OF ENGINEERING AND TECHNOLOGY** |
| **DIRECTORATE OF INDUSTRIAL LIAISON** |

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| F/SOP/DIL 01/11/01 |
| INTERNEES INTERNSHIPS FEEDBACK FORM |
| ***Dear Student,*** |
| To monitor and to improve the services provided by Directorate of Industrial Liaison (DIL), your feedback is extremely |
| important for us. You are kindly requested to fill-up this form and return back to DIL immediately if you have completed |
| internship, this willhelp us in improving our services. |

# Your/ Internee details

* 1. Name :-
  2. Roll no (Complete) :- Ex: XXXXX (five digits)
  3. Class (SE/ TE/ BE):-
  4. Section:-
  5. Department:-
  6. Batch:-

# Company details

* 1. Name of the Company:-
  2. Adress:-

|  |  |
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| **C)** | **Internship details** |
| i) | Summer ( ) Winter ( ) Internships 20 |
| ii) | Stipend ( ) Yes ( ) No; if Yes then please mention Rs: |
| iii) | No of weeks:- |
| iv) | Start date:- |
| v) | End Date:- |

***Please check ( √ ) the appropriate numeric boxes as per your perception of your experience (Starting from 10 to 1)***

# D) Evaluation of the organizational environment

**Good Average Poor**

10 9 8 7 6 5 4 3 2 1

1) Were you provided orientation about the internship/ training? (If Yes, mark the boxes as per your experience), No:

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| 2) | Were you assigned a supervisor during internship? |
|  | (I*f Yes* , mark the boxes as per your experience), No: |

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| 3) | Were you asked to make reports on regular basis? |
|  | (I*f Yes* , mark the boxes as per your experience), No: |

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| 4) | Were you asked to prepare and give presentations? |
|  | (If Yes, mark the boxes as per your experience), No: |

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| 5) | Internship was helpful to me to meet my learning goals & objectives? |
|  | (If Yes, mark the boxes as per your experience), No: |

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| 6) | Are you satified with the services provided to you by DIL department? |
|  | (If Yes, mark the boxes as per your experience), No: |

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| 7) | Are you satisfied with the assistance provided to you by your class advisor? |
|  | (If Yes, mark the boxes as per your experience), No: |

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| 8) | Feedback of Class Advisor (SE/ TE/ BE): |
|  |  |
| **E)** | **Additional Comments/ Suggestions for Improvement or Complaint: (if any)** |

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| ***Note:*** | ***This form shall be provided to class advisors & he/she will responsible to provide this to students & get it filled.*** |
|  | Thank you very much for your assistance in this important process of continuous improvement. The Valuable |
|  | input that you provided in this evaluation will help us to improve the quality of education system at NED University. |