

Birla Vishvakarma Mahavidyalaya Engineering College, Vallabh Vidyanagar
INDUSTRIAL INTERNSHIP/TRAINING FEED BACK

Department	
Name of Faculty Advisor	
How many weeks of training completed till date including this training.	
ID Number	
Name of Student	
Email ID	
Mobile Number	
Title of Training	
Company	
Duration – start and en dates and number of week(s)	
The Objective of the training served or not?	Agree/ Not Agree
Do you feel that the practical exposure gained by you will help in your career ?	Agree/Not Agree
Name of the subject for which training is useful	
Brief Summary of outcome:	

I have attached the certificate of attended Training along with this Report.

Date:

Signature of the student

Sign of faculty Advisor