

**C5- Checklist for Internship/Field Project**

Name of the Student: \_\_\_\_\_ Roll No: \_\_\_\_\_

Department: \_\_\_\_\_ Year/Section: \_\_\_\_\_

Name of the Company: \_\_\_\_\_

Place: \_\_\_\_\_ Period of Internship: \_\_\_\_\_

S. No	Document	Please Mark <input checked="" type="checkbox"/> as applicable	
		Yes	No
1	Request letter of Student		
2	Letter of Recommendation From Department/Institute		
3	Approval from the host Organisation		
4	Report on the work carried out		
5	Certificate issued by authority after completion		

Submitted By

Verified By

Approved By

Student

Class teacher

HOD

For Official Use only

S<sub>2</sub>

AO

Director