INTERN EVALUATION FORM
(Industry Supervisor)

Date:_____

Name of the Intern : Roll # , Batch #

Evaluator :

Job Title of the Evaluator :

Organization and address :

Please evaluate the intern using the following scale on the criteria listed below:

KEY 5 = Excellent 4 = Very good 3 = Good
2 = Satisfactory 1 = Not satisfactory

Performance Criteria	**1**	**2**	**3**	**4**	**5**	**Remarks**
Time management						
Communication skills						
Ability to work in team						
Ability to work independently						
Leadership skills						
Sincerity						
Creativity						

Overall Comments (if any):

_____

_____

Official Seal

Signature of the Evaluator /Industry Supervisor

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