

# Application for Consent

To

\_\_\_\_\_  
\_\_\_\_\_  
Department,  
St. Paul Institute of Professional Studies, Indore

**Subject: Application to seek your consent as the Guide for Internship/Project Work.**

Respected Sir / Madam

With reference to the above, I \_\_\_\_\_  
of Class \_\_\_\_\_, would like to bring to your kind  
attention that I am taking up Internship Training / Project Work as required by  
DAVV and DHE as a Partial Fulfillment for the completion of my graduation.

The area of my interest is \_\_\_\_\_.

I would like to pursue my Training / Project under your valuable guidance. I,  
hereby, seek your kind consent for the same.

I, hereby, promise that if given an opportunity to work under your guidance, I  
will fulfill all the requirements as per your guidance.

Thanking you,

Yours obediently

Signature:

Class:

Name:

Date:

**(To be preserved by the Consenting Faculty)**



# St. Paul Institute of Professional Studies

Affiliated to Devi Ahilya Vishwavidyalaya, Indore

7/1, Boundary Road,  
Near Lalaram Nagar,  
Indore - 452 001 (M.P.) India  
Tel. : +91-731- 2499911, 2490114  
E-mail : info@spipsindore.ac.in  
Website : www.spipsindore.ac.in

## Consent of the Guide (For Internship Training / Project Work)

Name of the Student: \_\_\_\_\_ **LET YOUR LIGHT SHINE**

Class: \_\_\_\_\_

I am pleased to know that you are interested to pursue your Internship Training/Project Work in \_\_\_\_\_ (topic/organization).

I appreciate your sincere efforts for the same.

- I hereby give my consent to supervise your work.
- I am sorry, I am unable to take you under my guidance, as \_\_\_\_\_

Name and Signature of the Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

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

(To be preserved by the Student in order to be attached to the Final Project Report)

# INTERNSHIP VALUATION

Session: 2018-19

Total Marks: 50

Name of Organization: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

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

Valuation by the Head/Representative of the Organization

Division of Marks	Maximum Marks	Marks Obtained
<b>Attendance and Regularity</b> <ul style="list-style-type: none"><li>90% - 100% - 15 Marks</li><li>85% - 90% - 13 Marks</li><li>75% - 80% - 10 Marks</li></ul>	15	
<b>General Conduct</b> <ul style="list-style-type: none"><li>Following the Rules and Regulations of the organization - 02 Marks</li><li>Conduct and Dress - 02 Marks</li><li>Interaction - 02 Marks</li><li>Curiosity towards Learning - 02 Marks</li><li>Leadership and Management - 02 Marks</li></ul>	10	
<b>Knowledge and Working</b> <ul style="list-style-type: none"><li>Basic Knowledge - 06 Marks</li><li>Practical Knowledge - 06 Marks</li><li>Preparation of the Report - 06 Marks</li><li>Presentation of the Report - 07 Marks</li></ul>	25	
<b>Total Marks</b>	<b>50</b>	

Signature and the Stamp of the  
Head of the Organization

Contact No: \_\_\_\_\_

**Note: The information provided here are confidential and hence, to be given to the student in a sealed envelope.**

# St. Paul Institute

## of Professional Studies, Indore



M. Com – IV Semester

(2018-19)

### Project / Internship Training Report

*Title / Name of the Organization:*

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**Guided by:**

*Name of the Faculty:*

\_\_\_\_\_

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

*SPIPS, Indore*

**Submitted by:**

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

*Class* : \_\_\_\_\_

*Stream* : \_\_\_\_\_

*Exam. Roll No.:* \_\_\_\_\_

**Authorized By:**

*Principal* : \_\_\_\_\_

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

*Stamp* : \_\_\_\_\_

## *Declaration by the Student*

*I, .....,*  
*student of M.Com. IV Sem. .... Roll No..... of the St.*  
*Paul Institute of Professional Studies, Indore, hereby, declare that I have*  
*undergone Project Work / Internship Training in .....*  
*..... from .....20... to*  
*.....20... and the duly completed report is prepared and presented by me.*

*Place:*

*Signature: .....*

*Date:*

*Name: .....*

*Class: .....*

## ***Certification by Project / Internship Guide***

*This is to certify that Mr. / Ms. ....  
of Class ....., Roll No. .... has carried out the  
Project / Internship Training under my guidance and supervision in  
partial fulfillment of the degree ....., offered  
by the Devi Ahilya Vishwavidyalaya, Indore (MP).*

*The above work is done in .....  
(Title / name of the organization) from .....20... to .....20...*

*I wish him / her all the success in the future endeavors.*

*Signature: .....*

*Name of the Guide: .....*

*Designation: .....*

***Certification by the Organization***

*This is to certify that Mr./Ms. ....*

*..... of St. Paul Institute of Professional Studies, Indore,*

*has successfully completed the Project / Internship Training from*

*.....20... to ..... 20... in our organization.*

*His / Her work and behavior during this period was good. We*

*wish him/her a bright future.*

*Signature: .....*

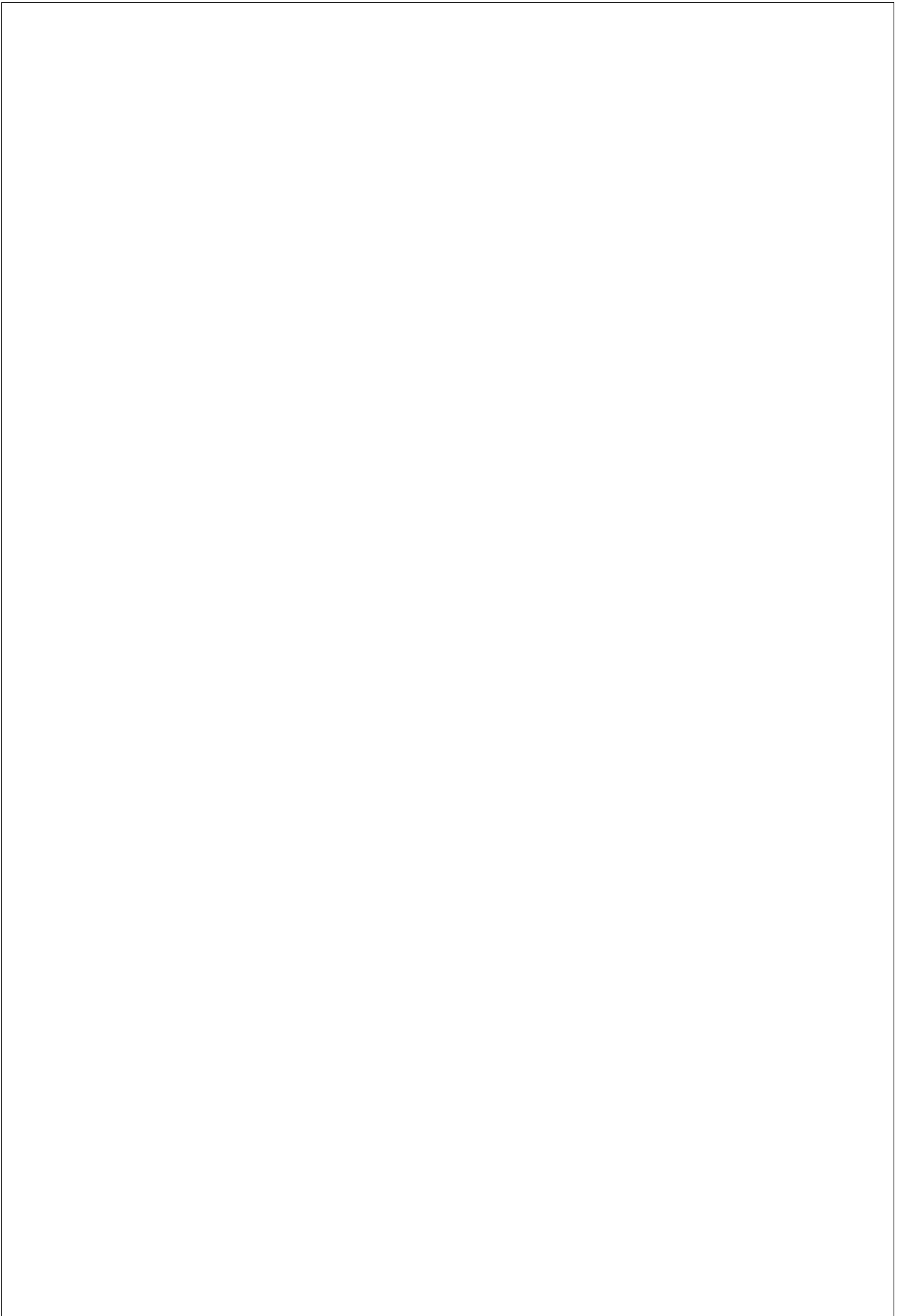
*Name of the Org: .....*

*Head/Delegate: .....*

*Stamp: .....*







## ***Point Wise Detailed Report of the Work Done***

- 1. Type of work (Self Employed / Employed / Qualification / Expectation of work / Content)*
- 2. Details of work allotted during training.*
- 3. Training Program for obtaining employment / process or management to open self employment/ Marketing/ Export Import knowledge (how do you see this training help you in your career)*
- 4. Difficulties and Challenges faced by you during training and steps you had taken to face these challenges.*
- 5. What changes do you observe in you before and after the training?*

***St. Paul Institute of Professional Studies, Indore***

*(Receipt for the student to be given by the guide)*

***Project / Internship Training Report***

*Name of the Student:* .....

*Father's Name:* .....

*Class:* ..... *Stream:* .....

*Roll No.:* .....

*Title / Name of the training Institute:*

.....

*Report received on:* .....



***Signature of guide and date of  
receipt***

# St. Paul Institute

## of Professional Studies, Indore



B. A. – III Year (VI Semester)  
(2018-19)

### Project / Internship Training Report

*Title / Name of the Organization:*

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**Guided by:**

*Name of the Faculty:*

\_\_\_\_\_

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

*SPIPS, Indore*

**Submitted by:**

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

*Class* : \_\_\_\_\_

*Stream* : \_\_\_\_\_

*Exam. Roll No.:* \_\_\_\_\_

**Authorized By:**

*Principal* : \_\_\_\_\_

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

*Stamp* : \_\_\_\_\_

## *Declaration by the Student*

I, .....,  
student of B.A. VI Sem. .... Roll No..... of the St. Paul  
Institute of Professional Studies, Indore, hereby, declare that I have  
undergone Project Work / Internship Training in .....  
..... from .....20... to  
.....20... and the duly completed report is prepared and presented by me.

*Place:*

*Signature:* .....

*Date:*

*Name:* .....

*Class:* .....

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*I wish him / her all the success in the future endeavors.*

*Signature: .....*

*Name of the Guide: .....*

*Designation: .....*

## ***Certification by the Organization***

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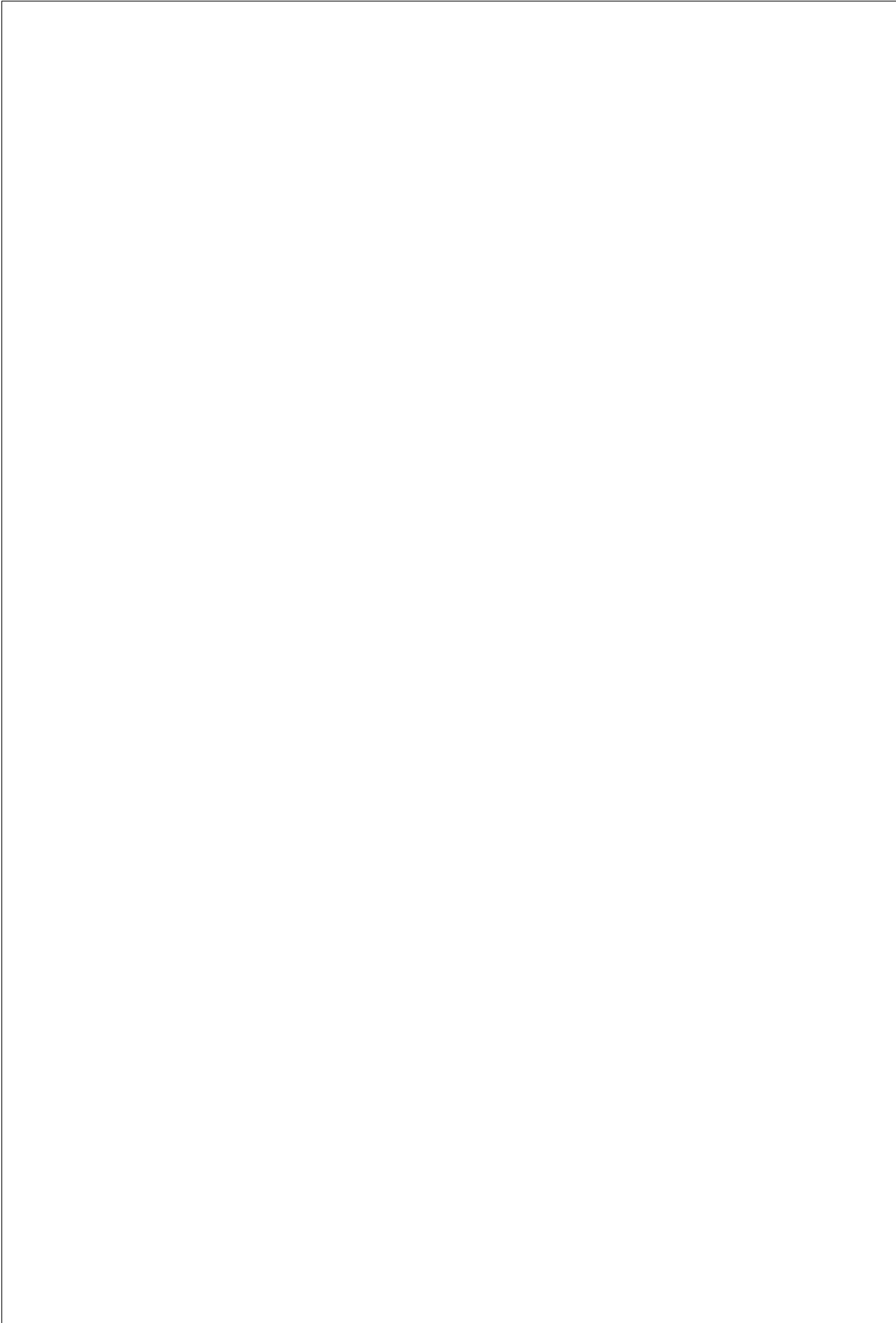
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*Stamp: .....*







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***St. Paul Institute of Professional Studies, Indore***

*(Receipt for the student to be given by the guide)*

***Project / Internship Training Report***

*Name of the Student:* .....

*Father's Name:* .....

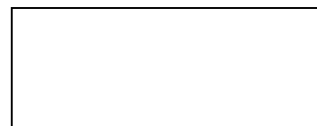
*Class:* ..... *Stream:* .....

*Roll No.:* .....

*Title / Name of the training Institute:*

.....

*Report received on:* .....



*Signature of guide and date of  
receipt*

# St. Paul Institute

## of Professional Studies, Indore



B. Com – III Year (VI Semester)  
(Plain / Tax Procedure / Computer Applications / Foreign Trade)  
**(2018-19)**

### Project / Internship Training Report

*Title / Name of the Organization:*

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**Guided by:**

*Name of the Faculty:*

\_\_\_\_\_

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

*SPIPS, Indore*

**Submitted by:**

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

*Class* : \_\_\_\_\_

*Stream* : \_\_\_\_\_

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*Place:*

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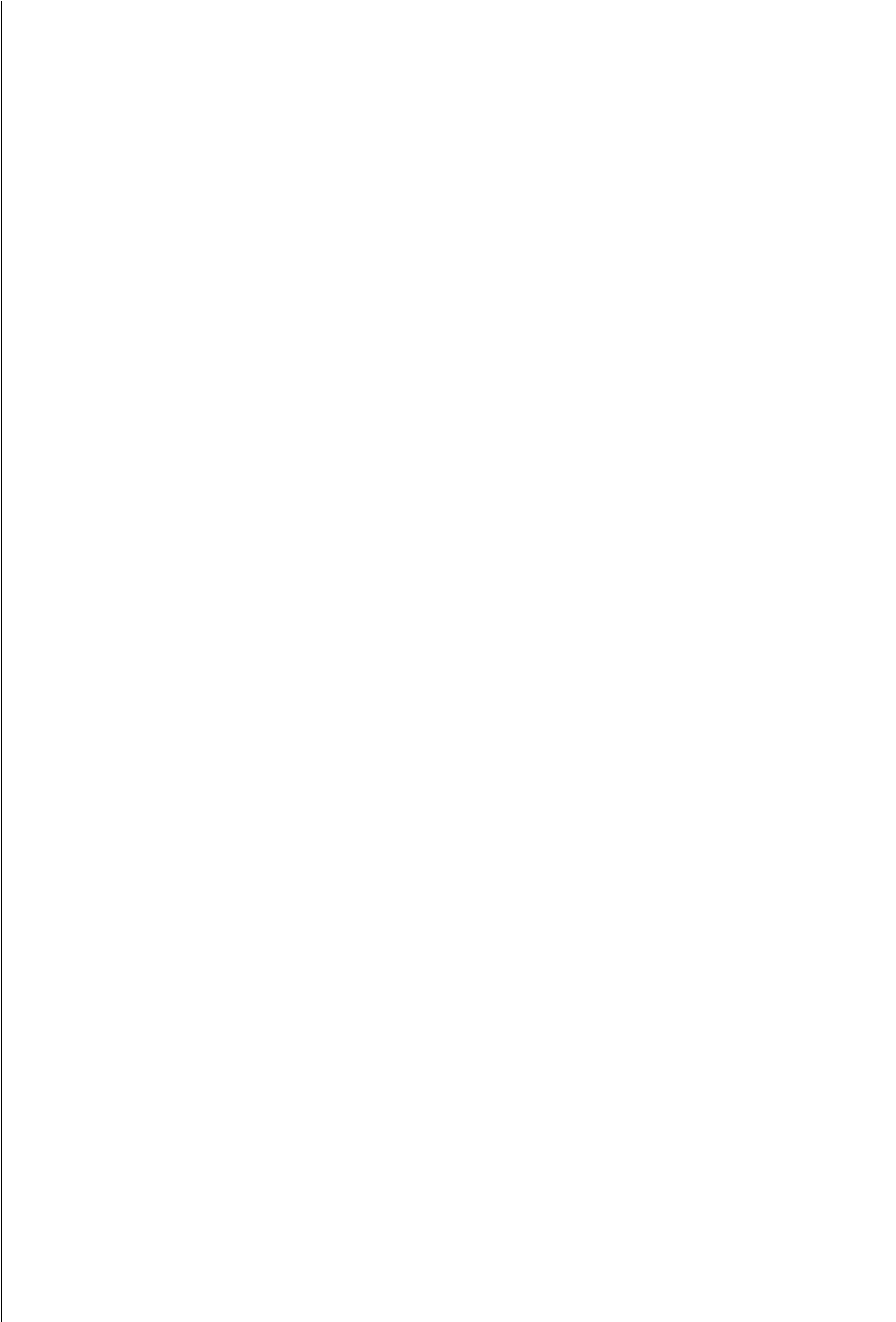
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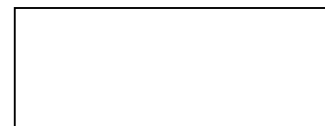
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*Roll No.:* .....

*Title / Name of the training Institute:*

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*Report received on:* .....



*Signature of guide and date of  
receipt*

# St. Paul Institute

## of Professional Studies, Indore



B. Sc. – III Year (VI Semester)  
(2018-19)

### Project / Internship Training Report

*Title / Name of the Organization:*

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-----

**Guided by:**

*Name of the Faculty:*

\_\_\_\_\_

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

*SPIPS, Indore*

**Submitted by:**

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

*Class* : \_\_\_\_\_

*Stream* : \_\_\_\_\_

*Exam. Roll No.:* \_\_\_\_\_

**Authorized By:**

*Principal* : \_\_\_\_\_

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*Stamp* : \_\_\_\_\_

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*I, .....,*  
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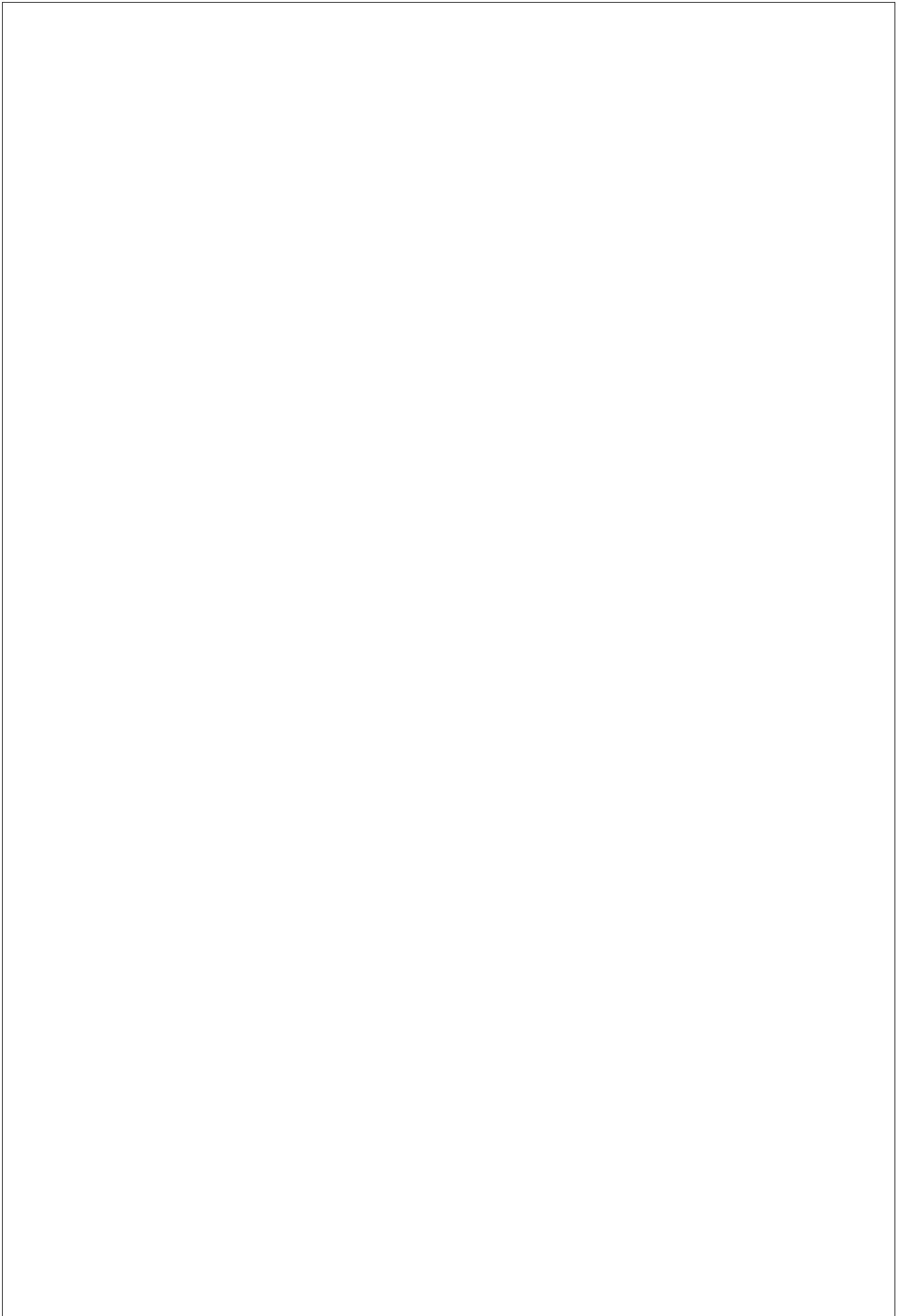
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# ***St. Paul Institute of Professional Studies, Indore***

***(Receipt for the student to be given by the guide)***

## ***Project / Internship Training Report***

*Name of the Student:* .....

*Father's Name:* .....

*Class:* ..... *Stream:* .....

*Roll No.:* .....

*Title / Name of the training Institute:*

.....

*Report received on:* .....

***Signature of guide and date of  
receipt***