

St. Paul Institute

of Professional Studies, Indore



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

Project / Internship Training Report

Title / Name of the Organization:

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
..... from20... 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) from20... to20...*

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.*

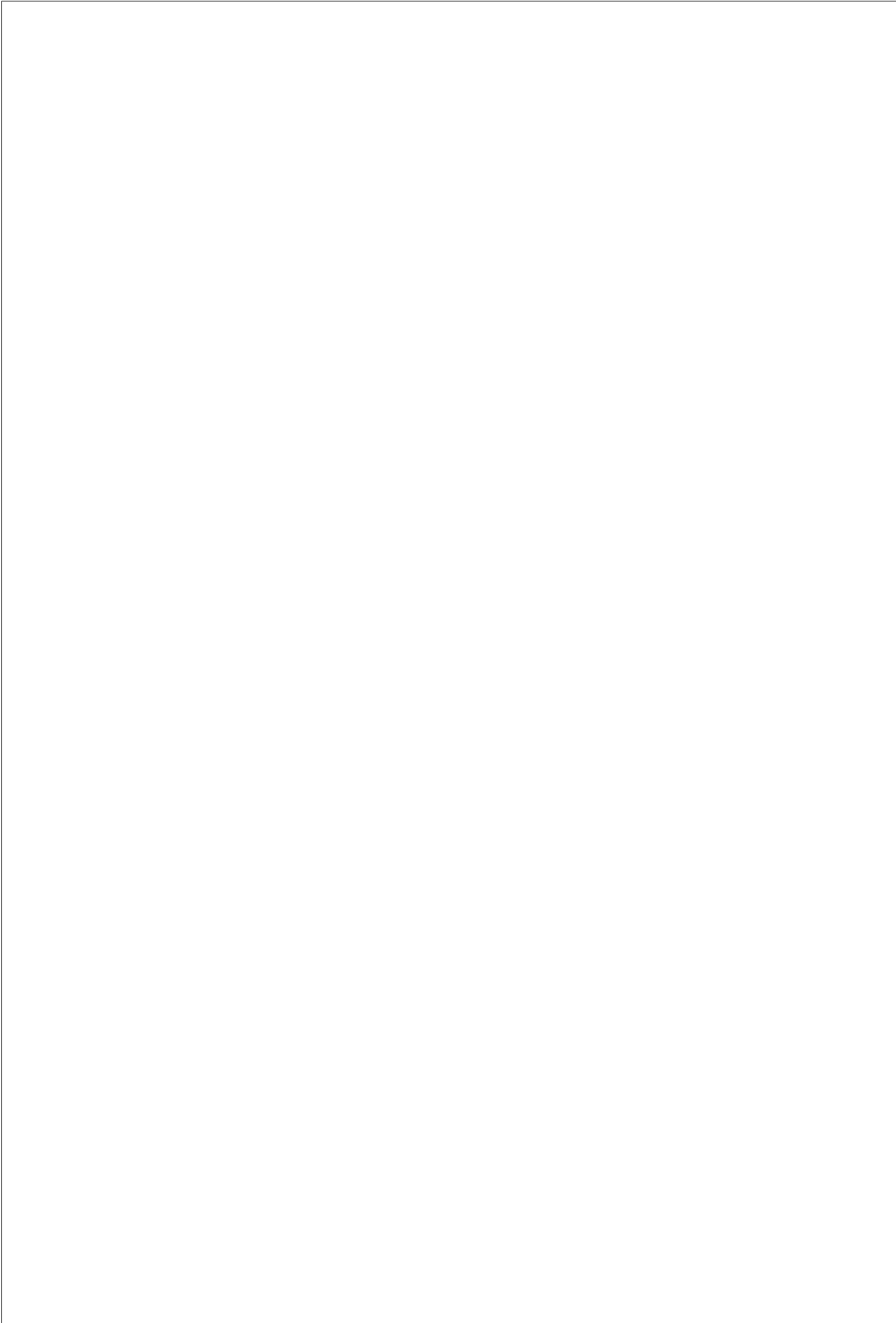
*His / Her work and behavior during this period was good. We
wish him/her a bright future.*

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***