

K. J. Somaiya College of Engineering, Mumbai-77

(Autonomous College Affiliated to University of Mumbai)

IC-02 Internship Report

Student Full Name		Start Date	
Roll no		End Date	
Branch		Total hours completed	
Year of study		Internship supervisor name	
Name of Organization / Dept. where internship/training completed		Internship supervisor mail id and phone	

Please describe your internship work in space provided below

Internship Area / Project Title:
Work done in brief: (Attach diagrams, graphs, results if required)
Resources / Tools used:
Key learnings from the internship:

Sign of Student:
Date:

Sign of Internship Supervisor
Date: