

CONFIDENTIAL
(One for each student; NOT TO BE HANDED OVER TO THE STUDENT)

DEPARTMENT of MATHEMATICS
INDIAN INSTITUTE OF TECHNOLOGY DELHI
Certificate of Student's Practical Training 2020

(To be filled by the students)

- Name of the Organization/Company:
- Place of Training:
- Name of Student:
- Entry No. & Discipline:
- Date of Commencement of Training:
- Date of Completion of Training:

(To be filled by PERSONNEL TRAINING OFFICER of the Organization)

1. Actual Number of Working Days Attended:

(Kindly mention exact dates of start and end of internship and also the dates of absence with or without permission)

2. Brief Details of Training:
(us Sections, Projects done, etc.)

3. Evaluation of Student's Performance: "Please tick relevant grading"

Very Good

Good

Satisfactory

Unsatisfactory

4. Remarks on the student's Personal Conduct:

5. Any Suggestion for Future:

Place: _____

Signature: _____

Date: _____

Name & Designation of the Officer: _____

Office Seal

To be sent to HEAD, Department of Mathematics, IIT Delhi, Hauz Khas, New Delhi-110016,
INDIA. OR e-mail scanned copy to Prof Vikas Vikram Singh at vikasingh@maths.iitd.ac.in