

Department of Electronics and Communication Engineering

**ZERO REVIEW FORM**

for

**INTERNSHIP**

**Date :**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Register No :** | **Name :** | | | | | |
| **Semester :** | **Subject Code:** | **ISP** | **2** | **9** | **1** | **1** |
| **No of Credits :** | **Duration** | **4 Weeks** | | | | |

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| --- |
| **Company/Institute name:** |
| **Brief description about the company/institute:** |
| . |

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| **Duration of the Internship From: \_\_:\_\_\_:\_\_\_\_\_ To: \_\_:\_\_\_:\_\_\_\_\_** |
| **Objective of the Internship :** |
|  |

Approved:

|  |  |  |
| --- | --- | --- |
| **Signature** |  |  |
| **Name:** | Dr. S Merlin Gilbert Raj | Dr D Nirmal |
|  | **Internship Coordinator** | **HOD-ECE** |