

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** |