

**Program Book**

**Short Term Internship**

**AP STATE COUNCIL OF HIGHER EDUCATION**

(A STATUTORY BODY OF GOVERNMENT OF ANDHRA PRADESH)

# **Program Book for Short-Term Internship**

**Name of the Student:**

**Name of the College:**

**Registration Number:**

**Period of Internship:    From:                      To:**

**Name & Address of the Intern Organization**

## **Instructions to Students**

**Please read the detailed Guidelines on Internship hosted on the website of AP State Council of Higher Education <https://apsche.ap.gov.in>**

1. It is mandatory for all the students to complete 2 months (180 hours) of short-term internship either physically or virtually.
2. Every student should identify the organization for internship in consultation with the College Principal/the authorized person nominated by the Principal.
3. Report to the intern organization as per the schedule given by the College. You must make your own arrangements of transportation to reach the organization.
4. You should maintain punctuality in attending the internship. Daily attendance is compulsory.
5. You are expected to learn about the organization, policies, procedures, and processes by interacting with the persons working in the organization and by consulting the supervisor attached to the interns.
6. While you are attending the internship, follow the rules and regulations of the intern organization.
7. While in the intern organization, always wear your College Identity Card.
8. If your College has a prescribed dress as uniform, wear the uniform daily, as you attend to your assigned duties.
9. You will be assigned with a Faculty Guide from your College. He/She will be creating a WhatsApp group with your fellow interns. Post your daily activity done and/or any difficulty you encounter during the internship.
10. Identify five or more learning objectives in consultation with your Faculty Guide. These learning objectives can address:
  - Data and Information you are expected to collect about the organization and/or industry.
  - Job Skills you are expected to acquire.
  - Development of professional competencies that lead to future career success.
11. Practice professional communication skills with team members, co-interns and your supervisor. This includes expressing thoughts and ideas effectively through oral, written, and non-verbal communication, and utilizing listening skills.

12. Be aware of the communication culture in your work environment. Follow up and communicate regularly with your supervisor to provide updates on your progress with work assignments.
13. Never be hesitant to ask questions to make sure you fully understand what you need to do your work and to contribute to the organization.
14. **Be regular in filling up your Program Book. It shall be filled up in your own handwriting. Add additional sheets wherever necessary.**
15. At the end of internship you shall be evaluated by your Supervisor of the intern organization.
16. There shall also be evaluation at the end of the internship by the Faculty Guide and the Principal.
17. Do not meddle with the instruments/equipment you work with.
18. Ensure that you do not cause any disturbance to the regular activities of the intern organization.
19. Be cordial but not too intimate with the employees of the intern organization and your fellow interns.
20. You should understand that during internship programme, you are the ambassador of your College, and your behavior during the internship programme is of utmost importance.
21. If you are involved in any discipline related issues, you will be withdrawn from the internship programme immediately and disciplinary action shall be initiated.
22. Do not forget to keep up your family pride and prestige of your College.

**An Internship Report**  
**On**  
**(Title of the Internship)**

*Submitted in accordance with the requirement for the degree of.....*

Name of the College:

Department:

Name of the Faculty Guide:

Duration of the Internship: From.....To.....

Name of the Student:

Programme of Study

Year of Study:

Register Number:

Date of Submission:

### **Student's Declaration**

I,.....,a student of .....Program, Reg. No. ....of the Department of....., ..... College do hereby declare that I have completed the mandatory internship from..... to .....in ..... (Name of the intern organization) under the Faculty Guideship of....., (Name of the Faculty Guide), Department of..... (Name of the College)

(Signature and Date)

### **Endorsements**

Faculty Guide

Head of the Department

Principal

**Certificate from Intern Organization**

This is to certify that ..... (Name of the intern) Reg. No..... of ..... Name of the College) underwent internship in ..... (Name of the Intern Organization) from..... to .....

The overall performance of the intern during his/her internship is found to be ..... (Satisfactory/Not Satisfactory).

Authorized Signatory with Date and Seal

## **ACKNOWLEDGEMENTS**

## **CHAPTER 1: EXECUTIVE SUMMARY**

*The internship report shall have only a one-page executive summary. It shall include five or more Learning Objectives and Outcomes achieved, a brief description of the sector of business and intern organization and summary of all the activities done by the intern during the period.*

## **CHAPTER 2: OVERVIEW OF THE ORGANIZATION**

### Suggestive contents

- A. Introduction of the Organization
- B. Vision, Mission and Values of the Organization
- C. Policy of the Organization, in relation with the intern role
- D. Organizational Structure
- E. Roles and responsibilities of the employees in which the intern is placed.
- F. Performance of the Organization in terms of turnover, profits, market reach and market value.
- G. Future Plans of the Organization.

### **CHAPTER 3: INTERNSHIP PART**

*Description of the Activities/Responsibilities in the Intern Organization during Internship, which shall include - details of working conditions, weekly work schedule, equipment used, and tasks performed. This part could end by reflecting on what kind of skills the intern acquired.*

### ACTIVITY LOG FOR THE FIRST WEEK

<b>DAY &amp; DATE</b>	<b>BRIEF DESCRIPTION OF THE DAILY ACTIVITY</b>	<b>LEARNING OUTCOME</b>	<b>Person In-charge Signature</b>
<b>Day - 1</b>			
<b>Day - 2</b>			
<b>Day - 3</b>			
<b>Day - 4</b>			
<b>Day - 5</b>			
<b>Day - 6</b>			



**ACTIVITY LOG FOR THE SECOND WEEK**

<b>DAY &amp; DATE</b>	<b>BRIEF DESCRIPTION OF THE DAILY ACTIVITY</b>	<b>LEARNING OUTCOME</b>	<b>Person In-charge Signature</b>
<b>Day - 1</b>			
<b>Day - 2</b>			
<b>Day - 3</b>			
<b>Day - 4</b>			
<b>Day - 5</b>			
<b>Day - 6</b>			



**ACTIVITY LOG FOR THE THIRD WEEK**

<b>DAY &amp; DATE</b>	<b>BRIEF DESCRIPTION OF THE DAILY ACTIVITY</b>	<b>LEARNING OUTCOME</b>	<b>Person In-charge Signature</b>
<b>Day - 1</b>			
<b>Day - 2</b>			
<b>Day - 3</b>			
<b>Day - 4</b>			
<b>Day - 5</b>			
<b>Day - 6</b>			



**ACTIVITY LOG FOR THE FOURTH WEEK**

<b>DAY &amp; DATE</b>	<b>BRIEF DESCRIPTION OF THE DAILY ACTIVITY</b>	<b>LEARNING OUTCOME</b>	<b>Person In-charge Signature</b>
<b>Day - 1</b>			
<b>Day - 2</b>			
<b>Day - 3</b>			
<b>Day - 4</b>			
<b>Day - 5</b>			
<b>Day - 6</b>			



**ACTIVITY LOG FOR THE FIFTH WEEK**

<b>DAY &amp; DATE</b>	<b>BRIEF DESCRIPTION OF THE DAILY ACTIVITY</b>	<b>LEARNING OUTCOME</b>	<b>Person In-charge Signature</b>
<b>Day - 1</b>			
<b>Day - 2</b>			
<b>Day - 3</b>			
<b>Day - 4</b>			
<b>Day - 5</b>			
<b>Day - 6</b>			















## ***Student Self Evaluation of the Short-Term Internship***

Student Name: & Registration No:

Term of Internship: From            To

Date of Evaluation:

Organization Name& Address:

Name & Address of the Supervisor  
with Mobile Number:

### **Please rate your performance in the following areas:**

**Rating Scale:**                    Letter grade of CGPA calculation to be provided

<b>1) Oral communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2) Written communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3) Initiative</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4) Interaction with staff</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5) Attitude</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6) Dependability</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>7) Ability to learn</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8) Planning and organization</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>9) Professionalism</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>10) Creativity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>11) Quality of work</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>12) Productivity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>13) Progress of learning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>14) Adaptability to organization's culture/policies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>15) OVERALL PERFORMANCE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Signature of the Student**

## **Evaluation by the Supervisor of the Intern Organisation**

Student Name: & Registration No:

Term of Internship:      From                              To

Date of Evaluation:

Organization Name& Address:

Name & Address of the Supervisor  
with Mobile Number:

**Please rate the student's performance in the following areas:**

**Please note that your evaluation shall be done independent of the Student's self-evaluation**

**Rating Scale:              1 is lowest and 5 is highest rank**

<b>1) Oral communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2) Written communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3) Initiative</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4) Interaction with staff</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5) Attitude</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6) Dependability</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>7) Ability to learn</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8) Planning and organization</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>9) Professionalism</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>10) Creativity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>11) Quality of work</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>12) Productivity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>13) Progress of learning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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<b>15) OVERALL PERFORMANCE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Signature of the Supervisor**

## **PHOTOS & VIDEO LINKS**