To be printed on IPO letterhead

CONSENT CERTIFICATE

This is to certify that Mr./Ms. [Full Name of Student], [University Roll No.], a student of [Name

of the Programme, Year/Semester] at St. Anthony's College Shillong, is permitted to carry out

an internship in the [Name of the Department/Section] of our institution.

The internship will be conducted for the period from [Start Date] to [End Date], under the

mentorship of [Name and Designation of Mentor, if applicable].

The student is expected to adhere strictly to the rules, regulations, and code of conduct of this

institution during the course of the internship. Any breach of discipline, misconduct, or failure to

comply with institutional norms may result in the termination of the internship.

We extend our best wishes to the student for a fruitful learning experience.

Mentor Contact Number:

Mentor Email ID:

Date: [Insert Date]
Place: [Insert Place]

Signature with Seal
[Name of Head of Department / Institution]
[Designation]
[Name of the Institution]

PROPOSAL FOR INTERNSHIP/COMMUNITY ENGAGEMENT / FIELD-BASED LEARNING / COMPLETION OF A MINOR PROJECT

1. Name of Student
2. Name of the Programme
3. Class/Semester:
4. University Roll No:
5. Mobile No:
6. Email Id:
(a) Short writeup on the IPO/Community Organization/Minor Project (background)
(b) Relevance of IPO/Community Organization/Minor Project to his/her academic discipline/career goals.
(c) Reason(s) for choosing the IPO/Community Organization/Minor Project
(d) Proposed role, responsibility and expected learning outcomes.
Undertaking: I agree to abide with the rules and workplace conduct of the IPO /Community Organization

Signature of the Student

ACTIVITY LOGBOOK FOR INTERNSHIP

Name & address of Organization/Institution/Compa	any
Student Name:	
University Roll No:	
Department:	

Date	Description of Activities assigned	Hours Worked	Learning Outcomes	Mentor Signature

WEEKLY INTERNSHIP REPORT

Week-Serial No (From Dateto Date)
Objective of the Activity Done:
Detail Report:

Cover Page Format

INTERNSHIP REPORT

ON

(Title of the Internship Program Report in CAPITAL LETTERS)

Name of IPO

By

Name of the Student

University Roll No

College Logo

Name of Department/College, Shillong

Date of Submission

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Undertaking Certificate				
"Certified that this Internship report is an original report of work done by me under the				
guidance of Internship Mentor Mr./Mrs./Dr.	and under the			
supervision of Internship Supervisor Mr./Mrs./Dr	submitted			
as a part of the Internship Course of Undergraduate Programme of St Anthony's				
College				
Date Signature	of the student			
Countersigned				
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