



**Anna University Regional Campus Madurai**  
**Department of Mechanical Engineering**  
**Inplant Training / Internship Feed Back Form**

**Name of the Student** : \_\_\_\_\_  
**Register Number** : \_\_\_\_\_  
**Year & Semester** : \_\_\_\_\_  
**Date** : **From** \_\_\_\_\_ **to** \_\_\_\_\_  
**Name of the Industry** : \_\_\_\_\_

**Inplant Training / Internship :**

S.No.	Description	Excellent	Very Good	Good	Satisfactory	Poor
		(5)	(4)	(3)	(2)	(1)
1	Theoretical knowledge gained					
2	Practical knowledge gained					
3	Rate the Skills gained					
4	How do you rate the Practical experience?					
5	Ability to think out of the box?					
6	Ability to work with team					
7	Facilities & Hospitality					
8	Overall Experience					
9						
10						
<b>Sub Total</b>						
<b>Total</b>		/ 50				

Date: \_\_\_\_\_

Signature of the Participant(s) \_\_\_\_\_