

REPORT ON THE INTERNSHIP TRAINING PROGRAMME

A Report on the Internship Training Programme

submitted to the Department of _____,

St. Joseph's College (Autonomous)

(Affiliated to Bharathidasan University), Tiruchirappalli – 620 002

in partial fulfillment of the requirements for the award of the degree of

BACHELOR OF _____ IN _____

by

Under the guidance of



DEPARTMENT OF _____

ST. JOSEPH'S COLLEGE (AUTONOMOUS)

Accredited at A⁺⁺ (Cycle IV) by NAAC

Special Heritage Status Awarded by UGC

TIRUCHIRAPPALLI – 620 002

JUNE 2023

DEPARTMENT OF _____
ST. JOSEPH'S COLLEGE (AUTONOMOUS)
Accredited at A⁺⁺ (Cycle IV) by NAAC
Special Heritage Status Awarded by UGC
TIRUCHIRAPPALLI – 620 002

DATE:

CERTIFICATE

This is to certify that the Report on the Internship Training Programme submitted to the Department _____, St. Joseph's College (Autonomous), Tiruchirappalli, in partial fulfillment for the award of the Degree of BACHELOR OF _____ in _____, is a bonafide record of the work done by _____ (D.No. _____) under my guidance during the academic year 2023-2024.

Head of the Department

Staff In-charge

submitted for the viva-voce examination held on -----

INTERNAL EXAMINER

EXTERNAL EXAMINER

(Signed after the *viva-voce*)

DECLARATION

I, hereby, declare that the Report on the Internship Training Programme is an independent work done by me, _____ (D.No. _____) under the guidance of _____, Assistant Professor of _____, St. Joseph's College (Autonomous), Tiruchirappalli- 620 002, in partial fulfillment for the award of the Degree of BACHELOR OF _____ in _____, during the academic year 2023-2024, and that the work has not formed the basis for the recognition of any other Degree at any other College or University.

Place: Tiruchirappalli

Date:

Signature of the Student

(D. No. _____)

REPORT ON THE INTERNSHIP TRAINING PROGRAMME

A Report on the Internship Training Programme

submitted to the Department of _____,

St. Joseph's College (Autonomous)

(Affiliated to Bharathidasan University), Tiruchirappalli – 620 002

in partial fulfillment of the requirements for the award of the degree of

BACHELOR OF ARTS IN ENGLISH

by

J. AROCKIA PRADEEP
(19UEN152)

Under the guidance of

Mr B. Sam Jerome Sharone



DEPARTMENT OF ENGLISH

ST. JOSEPH'S COLLEGE (AUTONOMOUS)

Accredited at A⁺⁺ (Cycle IV) by NAAC

Special Heritage Status Awarded by UGC

TIRUCHIRAPPALLI – 620 002

June 2023

DEPARTMENT OF ENGLISH
ST. JOSEPH'S COLLEGE (AUTONOMOUS)
Accredited at A⁺⁺ (Cycle IV) by NAAC
Special Heritage Status Awarded by UGC
TIRUCHIRAPPALLI – 620 002

DATE:

CERTIFICATE

This is to certify that the Report on the Internship Training Programme submitted to the PG & Research Department of English, St. Joseph's College (Autonomous), Tiruchirappalli, in partial fulfillment for the award of the Degree of BACHELOR OF **ARTS** in **English Literature**, is a bona-fide record of the work done by **J. Arockia Pradeep (D.No. 19UEN152)** under my guidance during the academic year 2023-2024.

Dr. V. L. Jayapaul
Head of the Department

Mr. B. Sam Jerome Sharone
Staff In-charge

submitted for the viva-voce examination held on -----

INTERNAL EXAMINER

EXTERNAL EXAMINER

(Signed after the *viva-voce*)

DECLARATION

I, hereby, declare that the Report on the Internship Training Programme is an independent work done by me, **J. Arockia Pradeep (D.No. 19UEN152)** under the guidance of **Mr B. Sam Jerome Sharone, Assistant Professor of English**, St. Joseph's College (Autonomous), Tiruchirappalli- 620 002, in partial fulfillment for the award of the Degree of BACHELOR OF ARTS in **English Literature**, during the academic year **2023-2024**, and that the work has not formed the basis for the recognition of any other Degree at any other College or University.

Place: Tiruchirappalli

Date:

Signature of the Student

J. Arockia Pradeep
(D. No. 19UEN152)

St. Joseph's College (Autonomous)
Tiruchirappalli
INTERNSHIP DAY REPORT SHEET

Name of the Student: _____ **D. No.** _____ **Class** _____

Name & Address of the Organization:

Name of the Owner/Manager/Supervisor:

Day	Date	Time in	Time out	Work Assigned	Signature of Supervisor	Remarks
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Signature of Supervisor

Seal

Date:

From

Name:

Reg. No.:

Department of _____

St. Joseph's College (Autonomous)

Tiruchirappalli - 620002

To

Respected Sir/Madam,

SUB: Application for Internship Training – Reg.

I am writing to you to consider me for the Internship Programme with your esteemed institution/organization. I am pursuing B.A. _____ / B.Sc. _____ / B. Com/B.Com CA/ BBA/ BCA in St. Joseph's College (Autonomous), Tiruchirappalli. I will be available from _____ to _____.

I strongly feel that the training with you would provide me with the best exposure in teaching /industry, and it would give me an opportunity to prove my mettle, and help me to connect my training in the classroom to teaching/industry.

I assure you that I would work through the Internship Programme with utmost care and commitment and would try to be an asset to your Institution/Company. I also assure you that I shall not, in any way, cause any inconvenience to you and to the Institution/Company.

I herewith attach my Curriculum Vitae for your kind reference, and I hope to receive a positive reply from you.

Thanking you

Yours truly

(Name)

Forwarded by the Head of the Department

Signature

Seal