



GOVT. POLYTECHNIC, SHERGARH (KAITHAL)

ELECTRICAL ENGINEERING DEPARTMENT

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STUDENT FEEDBACK FORM OF INDUSTRIAL TRAINING

Name of Student _____

Class Roll No _____

Branch _____ Semester _____

Name & Address of the Industry/Organization/Company: _____

Industrial Training from: _____ to _____ (4/6/8 Weeks)

Title/Short description of the Industrial Training : _____

Impact/Learning Experience of the student from the Training :

1. _____

2. _____

3. _____

4. _____

Please rate the usefulness of industrial training to your future career in terms of following areas?

(1- Very useful, 2 - Useful , 3 - No idea , 4 - Not useful, 5 - Not at all useful)

Signature of the Student with Date

