SHAHEED ZULFIKAR ALI BHUTTO
INSTITUTE OF SCIENCE AND TECHNOLOGY
Islamabad Campus

INTERNSHIP REPORT

Name of the Student:	
Registration No:	
Program:	**BBA, BS-CS, BS-MS, BS-SS, BS-AF, MBA**
Semester:	
Duration of Internship:	From....................................To…………………………
Organization Name:	
Department:	
Name of the Supervisor:	
Date of Submission:	

<p style="text-align:center">**OUTLINE OF THE INTERNSHIP REPORT**</p>

1. **Introduction:** Will contain company's background, its history, organizational structure & Network, current situation of the company with regard to country's economy etc.

2. **A brief about department where the internee worked:** Its role in the company, how it supports the overall function of the company, no of people working in the department, etc.

3. **Internee's experience and observations:**
   a. What kind of responsibilities assigned to him/her during the internship period
   b. Internee's comments, experiences and observations including comments about the behavior of coworkers, immediate supervisor and others with whom the student interacted.
   c. Lessons learned

4. **In this section the student will comment if the objective of internship has been achieved or not. If answer is YES, how? If answer is NOT, why not?**
5. Any other comments the student would like to make not covered above
6. Internship letter to be attached with this report.

Signature of the student & date
(Internee)

7. The internship experience is effective and enhanced the internee as per following evaluation:

S. #	Description	A: Excellent	B: Good	C: Fair	D: Not Good	E: Poor
a)	Ability to work in teams					
b)	Independent thinking					
c)	Practicing of ethical values					
d)	Professional development					
e)	Time Management Skills					
f)	Judgment					
g)	Discipline / Punctuality					
h)	The link between theory & practice					
i)	Creativity and analytical approach					
j)	Knowledge about the work done					
k)	Mature, confident and productive in work performance					

8. Comments & performance of evaluation of the immediate supervisor

Comments by the Supervisor:

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Signature of the Immediate
Supervisor & stamp & date

Comments by the Program Manager:

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Signature & Date of the
Program Manager