

INTERNSHIP ATTENDANCE LOG

Session: 20.....

Name of Intern : _____

College : _____

Department : _____

Samarth Enrolment ID: _____ D.U. Registration No. : _____

Name of the Co-ordinating Organization: _____

Name of the Mentor : _____

Start Date: _____

End Date: _____

Sl. No.	Date	Time IN	Time OUT	Break Duration (if any)	Total Hours Worked	Task/Activity (in brief)	Mentor's Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							

17.							
18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							

Total Hours Completed: _____ / 120

Remarks:

Signature of the Mentor: