INSTITUTION INDUSTRY INTERACTION PROGRAM
2013-2014

Name:

Dept. No:

Name of the Coordinator:

DEPARTMENT OF MATHEMATICS
LOYOLA COLLEGE (Autonomous)
Chennai – 600 034
INSTITUTION INDUSTRY INTERACTION PROGRAM: 2013-2014
DEPARTMENT OF MATHEMATICS
LOYOLA COLLEGE (Autonomous)
Chennai – 600 034

Vision

Better interaction between institutions and industry is the need of the hour. This will have great bearing on the College Curriculum, students’ exposure industrial an atmosphere and subsequent placement of young graduating minds in industries across the country. With the advent of globalization and opening up of Indian economy to the outside world, competition for job has become tough. To solve this problem, there is an urgent need to prepare students for jobs in multinational companies, by exposing them to newer technologies and acquiring employability skills. This can only be achieved well by promoting institution industry interaction program.

Mission

Our mission is to act as a catalyst for promoting the students to achieve competitiveness in developing the technical skills to excel as the future responsible citizens. As this program is a compulsory part of curriculum, students are required to undergo internship for 30 days. It enables the students to have practical insight into the various aspects of the operations and management of an organization. This interaction helps the students to know the actual needs of their employers in future and the qualities, knowledge and skill required to get a good job.

Efforts

Focused attention is given right from the 1st year to mould the students for this specific requirement. Following activities are regularly carried out at the department:

1. Group discussions on latest topics.
2. Panel discussions.
3. Seminars on motivation by experienced Jesuits.
4. Training to develop language skills - Grammar, Vocabulary, Reading & Writing etc.
5. Training to develop HR skills - Effective Communication Skills, Role Plays, Goal Setting, Team Skills, Communication, Sensitivity and Resume Preparation.
6. Personality development program to gain confidence.

Implementation

1. The students choose the projects reflecting the needs and problem of the industry in which they are going to work.
2. Each faculty is assigned 10 students and interacts with industry personnel for successful implementation.
3. Faculty regularly monitors the students.
4. A panel of staff including staff from other departments evaluates the Record Work done by the students.
Program

- We strive to strengthen our program with industry and with the help of alumni.
- We extend support to our faculty and students to work on sponsored research and industrial projects.
- We encourage collaborative programs, consultancy to enhance interaction of our faculty and students with industry.

Dates to Remember

<table>
<thead>
<tr>
<th>No.</th>
<th>Task Description</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>1.</td>
<td>Identification of one’s problem chosen for study and observation. Consult your mentor/ Outreach staff/ Foundation Staff/ for clarifying Subject expert’s why in identifying the problem.</td>
<td>Before the beginning of Even Semester. (ie 22nd Nov, 2013)</td>
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<td>2.</td>
<td>Approval of the topic for the III p by the program Coordinator and submission of training and placement profile in the prescribed Record Book.</td>
<td>By 25th Nov, 2013.</td>
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<td>3.</td>
<td>Collect your Letter of request from staff coordinator.</td>
<td>By 30th Nov, 2013</td>
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<td>5.</td>
<td>Relieving order from Department coordinator.</td>
<td>By 16th Dec, 2013.</td>
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<td>6.</td>
<td>Staff coordinators to display details of each student’s III p profile on the Dept notice board and submit a copy to program Director, Deans office.</td>
<td>By 16th Dec, 2013.</td>
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<td>8.</td>
<td>III p schedule (as per the college calendar)</td>
<td>17th Dec, 2012 to 16th Jan, 2014.</td>
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TRAINING & PLACEMENT PROFILE-I
(Internship training)

1. Name of the student : 
2. Dept. No. : 
3. Date of birth & age : 
4. Nationality : 
5. Religion : 
6. Community : 
7. Sex : 
8. Hosteller/Day scholar : 
9. Mother tongue : 
10. Blood Group : 
11. Driving License No. : 
12. Passport Number : 
13. Address
   Present : 
   Permanent : 

   Telephone No : 
   Mobile No : 
   E-Mail ID : 

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<th>Particulars</th>
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<th>Brother/Sister</th>
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<td>Occupation</td>
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<td>Annual Income</td>
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14. Additional Qualification : 

15. Field/Area of interest for Industrial interaction program : 

16. Field/Area of study : 

17. Motive/Reasons for choosing this area: 

18. Experience if any : 

19. Extracurricular / cultural Activities : 

U.G. Professor Specimen signature H.O.D
1. Name (in CAPITALS):………………………………………………
2. Dept. Number:………………………………………………………
3. Email id and contact number:……………………………………
4. Place of Internship:………………………………………………
5. Company/ Corporate/ Concern where you would be doing your internship with address 
........................................................................................................
........................................................................................................
6. Authorized person who would be in-charge of your internship program:
   (i) Name:---------------------------------------------------------------------------------------------------
   (ii) Designation:.................................................................................................
   (iii) Address: ........................................................................................................
.........................................................................................................................
   (iv) Email id: ..............................................................
   (v) Contact number: ............................................................

7. Nature of your Internship program/
   activity:.........................................................................................................
   .........................................................................................................................
   .........................................................................................................................

8. Academic benefits out of this program:
   .........................................................................................................................
   .........................................................................................................................
   .........................................................................................................................

9. Advantages of doing this program:
   .........................................................................................................................
   .........................................................................................................................

10. Methodology to follow up the program:
   .........................................................................................................................
   .........................................................................................................................

Parent/Guardian’s signature

Date
RELIEVING ORDER

This is to inform you that Mr………………………………………………………………………
Dept. No………………………. has been relieved from the college to undergo the Internship
Training Programme in the field of …………………………………………… for a period of …………..
days from .......... to .............

Thanking you,

Yours sincerely

Head of the Department
Dept. of Mathematics

Kindly send us the joining report from your esteemed organization immediately for the official reference.
Acceptance letter / Consent letter

To
The Head of the Department
Department of Mathematics
Loyola College
Chennai – 34

Respected Sir,

In continuation with the communication received through Mr.……………………………………………….
Dea.t No……………………….., I am happy to inform you our acceptance in providing one month
interaction program in our …………………………………
Mr…………………………………… would be expected to carry out the following activities as
part of our training program.
1…………………………
2…………………………
3…………………………

Thanking you

Yours sincerely

Name:

Designation:

Seal:

Date:
EXTERNAL ASSESSMENT FORM

Student Name:

Dept. No :

Name of Industry/Company/Organization:

Industry Person In charge:

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<th>Excellent(tick)</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Not-Satisfactory</th>
<th>Marks</th>
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<td>Regularity</td>
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<td>Performance</td>
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Total Marks Awarded

Any Other Remarks:

Signature of the Industrial Person In charge with Seal
Date:
EVALUATION REPORT

1. Name (in CAPITALS): .................................................................
2. Dept. Number: ........................................................................
3. Place of Internship: .................................................................
4. Duration: From ........................................... To ......................
5. Company/ Corporate/ Concern where you had your internship with address

6. Authorized person who was in-charge of your internship program:
   (i) Name:..............................................................................
   (ii) Designation: ....................................................................
   (iii) Address: .........................................................................
   (iv) Email id: ........................................................................
   (v) Contact number: .............................................................
7. Nature of Internship program/ activity: ........................................

8. Academic Achievements out of this program:

9. Benefits/gain out of this program:

10. Evaluation Methodology followed:

11. A: average B: Good C: Very Good D: Excellent Remarks

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<th>Criteria</th>
<th>Grade</th>
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<td>Regularity</td>
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<td>Academic growth</td>
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<td>Interpersonal relationship</td>
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<td>Overall marks (out of 50)</td>
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12. Will you accommodate candidates from our college in future for this program: YES/ NO

Authorized person’s signature with seal: .........................

Date:
TO WHOM THIS MAY CONCERN

This is to certify that …………………………………………………. has completed his one month Industry Interaction program from ------------------------ to ------------------------ as part of his B.Sc. degree program at Loyola College, Chennai – 34, Tamil Nadu, India.

From my/our observation and interaction with him during this period of exposure, I/we have found him as a candidate with excellent/ very good/ good potentials to grow in this field of---------------------------------------------------------------

He has shown keen interest to know the usual procedures followed up in our concern and his ability to grasp the nuances was astonishing/ very good/ excellent.

His ability to carry out the given responsibility in time has/have made me/us to consider him as a trustworthy and responsible member in the daily activities.

His interaction with other members of the concern was very cordial and praiseworthy.

We wish him all the best in his future course of studies or activity.

Signature with seal

Date
STUDENT EVALUATION RECORD (INTERNSHIP TRAINING)

NAME OF THE COMPANY / ORGANISATION

ADDRESS

PHONE NO:

FAX NO:

NAME OF THE PERSON INCHARGE OF THE PROGRAM:

PHONE:

MOBILE:

Email ID:

NAME OF THE CONTACT PERSON:

PHONE NO. OF THE CONTACT PERSON:

Email ID:
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Instructions to Students

1. All the Forms of internship to be duly filled and duly signed by the respective authorities.
2. All the procedures to be followed as per the specified deadlines.
3. Be Punctual to the internship venue.
4. Keep up the reputation of the college.
5. Regularly report to the Staff Coordinator.
6. Perfect discipline to be adhered.
7. The rules and regulation given by the respective organization to be strictly followed.
8. Unnecessary absence to be avoided.
9. Forgery in the certificate is considered as a malpractice and highly punishable; One may have to repeat the program once again to obtain course completed certificate and degree.