

**INAGURAL CEREMONY OF INTERNSHIP/ APPRENTICESHIP (IA) PROGRAMME UNDER CCFUP(NEP) COLLABORATION WITH-BAJKUL MILANI MAHAVIDYALAYA, KISMAT BAJKUL,
PURBA MEDINIPUR.**

**ORGANISATION BY - MADHABDIP EDUCATION SOCIETY, BAJKUL, KISMAT BAJKUL, PURBA MEDINIPUR
WEST BENGAL GOV REG. SOCIETY - REG. NO.- S/2L/2430**

TRADE	TIME	Proposed Date										
		29.06.2025	06.07.2025	08.07.2025	12.07.2025	13.07.2025	19.07.2025	20.07.2025	26.07.2025	27.07.2025	02.08.2025	03.08.2025
COMPUTER	9:00 AM TO 12:00 PM	29.06.2025	06.07.2025	08.07.2025	12.07.2025	13.07.2025	19.07.2025	20.07.2025	26.07.2025	27.07.2025	02.08.2025	03.08.2025
TAILORING	9:00 AM TO 12:00 PM	29.06.2025	06.07.2025	08.07.2025	12.07.2025	13.07.2025	19.07.2025	20.07.2025	26.07.2025	27.07.2025	02.08.2025	03.08.2025
BEAUTICIAN	9:00 AM TO 12:00 PM	29.06.2025	06.07.2025	08.07.2025	12.07.2025	13.07.2025	19.07.2025	20.07.2025	26.07.2025	27.07.2025	02.08.2025	03.08.2025
FOOD PROCESSING	9:00 AM TO 12:00 PM	29.06.2025	06.07.2025	08.07.2025	12.07.2025	13.07.2025	19.07.2025	20.07.2025	26.07.2025	27.07.2025	02.08.2025	03.08.2025

MADHABDIP EDUCATION SOCIETY



SUBHASIS JANA

President, Madhabdip Education Society

-----<College Name>-----

INTERNSHIP <YEAR>

DEPARTMENT OF _____

ACTIVITY LOG BOOK

Internship was done at <Institute/Organization/Agency>

Fromto.....

Activity Book submitted in partial fulfilment of the requirements for the
award of the degree of <Name of the UG Programme> under
VIDYASAGAR UNIVERSITY

Submitted By

<STUDENT NAME >

<Registration No: Year>

SEMESTER-IV

(CCFUP/ NEP)

Course Coordinator:

CERTIFICATE

**This is to certify that this Activity Book is the result of work experience in
....., carried out by
....., a student of Semester-IV of <Name of the programme>,
_____ (College Name) affiliated to Vidyasagar University under
my supervision.**

Place:

Date:

Signature of Course Coordinator

PRINCIPAL

<Forwarding Authority>

DECLARATION

I hereby declare that this Activity Book is the result of my work experience
at.....between..... to

I also declare that this is my original work and is not copied from anywhere.

Date:

<Student Name>

< Registration No. : Year>

CERTIFICATE

This is to certify that, a student of _____ has completed 120 hours of Internship in our Institution/ Organization/ Agency. His/ Her candidature was true and behavior was satisfactory during his/her Internship Period.

Signature of the Supervisor

< from Institute/ Organization/ Agency>

SEAL / STAMP with date

LOG ACTIVITY RECORD BOOK

DATE	ACTIVITY	LEARNING EXPERIENCE/OUTCOME	REMARKS
Signature of the student		Signature of the Supervisor	