

MEMORANDUM OF UNDERSTANDING (MoU)

For Internship / Research Internship Program for Undergraduate Students
under NEP Guidelines

This Memorandum of Understanding (MoU) is made on this ___ day of _____
20__ between:

1. Goswami Ganesh Dutta Sanatan Dharma College, affiliated to Panjab University, Chandigarh, located at Sector 32-C, Chandigarh, hereinafter referred to as “the Institution”.

AND

2 _____, located at _____, hereinafter referred to as “the Internship Organisation”.

Both parties agree to collaborate for providing structured internship opportunities to undergraduate students as part of experiential learning under the National Education Policy (NEP), 2020 framework.

1. Purpose of the MoU

The purpose of this MoU is to provide structured internship opportunities to undergraduate students to enhance practical exposure, industry engagement, research aptitude, and professional skills.

2. Scope of the Internship Program

1. The Industry Partner shall provide internship opportunities to students recommended by the Institution.
2. The internship duration shall be **60 hours for BCom, BBA, BA students and 120 hours for BCA, BSc, and BVoc students**, which must be conducted in a physical/offline mode.
3. The internship will focus on **practical training, industry exposure, and skill enhancement** relevant to the students' academic discipline.
4. Students shall complete assigned tasks, projects, or reports during the internship period.

3. Roles and Responsibilities of the Institution

The Institution shall:

1. Identify and nominate eligible students for the internship program.
2. Ensure that students comply with organizational rules and professional conduct.
3. Provide academic supervision to students during the internship.
4. Evaluate internship reports, presentations, or project work as part of academic requirements.

4. Roles and Responsibilities of the Internship Organisation

The Internship Organisation shall:

1. Provide meaningful internship opportunities and work assignments.
2. Offer guidance and supervision through a designated mentor or supervisor.
3. Facilitate learning experiences that enhance students' professional and technical skills.
4. Provide internship activity log periodically (as per Appendix I attached herewith)
5. Provide feedback or evaluation of students' performance at the end of the internship (as per Appendix II or Appendix III attached herewith).
6. Issue a certificate of internship completion on completion of the program (as per Appendix IV or Appendix V attached herewith).

5. Duration of MoU

The MoU shall be effective upon signature by both the parties and shall remain in force for a period of five (5) years. Thereafter, it shall be automatically renewed for subsequent years.

6. Termination

Either party may terminate this MoU by providing **30 days' written notice** to the other party.

7. Signatories

For **GGDSD College**

Name: _____

Designation: _____

Signature: _____

Date: _____

For [**Name of the Organization/Company**]

Name: _____

Designation: _____

Signature: _____

Date: _____

Appendix-I

**Internship Activity Logbook
(to be filled by the student)**

Student Name	
Name of the Department/College	
Internship Organisation:	
Mentor Name and Designation:	
Internship Supervisor Name	
Internship Duration	From _____ to _____

Week	Date	Activities Performed	Skill Learned	Remarks from Mentor
1				
2				
3				
4				
5				
6				
7				
..				
....				
Add More				

Signatures

Student

Mentor

Research Supervisor

Appendix-II

**Feedback/Evaluation Criteria : Internship for Enhancing Employability
(To be filled by the mentor)**

Student Name	
Name of the Department/College	
Internship Organisation:	
Mentor Name and Designation:	
Internship Supervisor Name	
Internship Duration	From _____ to _____

Please rate the intern on the following parameters:

Criteria	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Punctuality and Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism and Work Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills (Oral and Written)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Work Independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical/Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving and Analytical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork and Collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality and Timeliness of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability and Learning Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments by Mentor

1. Key Strengths of the Student Intern:

2. Areas Where Improvement is Needed:

3. Any Special Contributions or Achievements:

**Signature
Mentor**

Appendix-III

**Feedback/Evaluation Criteria : Internship for Research Aptitude
(To be filled by the mentor)**

Student Name	
Name of the Department/College	
Internship Organisation:	
Mentor Name and Designation:	
Internship Supervisor Name	
Internship Duration	From _____ to _____

Please rate the intern on the following parameters:

Criteria	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
Understanding of Research Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature Review and Secondary Research Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research Design and Methodology Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Collection Skills (Primary/Secondary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Analysis Skills (Quantitative/Qualitative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation and Critical Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report Writing and Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Research Tools (e.g., SPSS, Excel, NVivo, R and others)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innovation and Originality in Approach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Behavior, Punctuality, and Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Strengths observed in the student:
2. Areas for improvement:
3. Specific Contributions Made During Internship:
4. Additional Comments (if any):

Signature
Mentor

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Mr./Ms. [Student Name]**, bearing Roll Number **[Ro No.]**, a student of **[Program Name]**, Department of **[Department Name]**, has successfully completed the **Internship for Enhancing Employability (IEE)** as part of the academic requirements.

The internship was undertaken at **[Name of Organization]** from **[Start Date]** to **[End Date]**, with a total engagement of **60 hours**.

During this period, the student was engaged in professional activities that contributed to enhancing workplace readiness, communication skills, problem-solving, and industry exposure.

We appreciate the student's sincere efforts and contributions.

Date: _____

Place: _____

Signature & Seal

Name of issuing Person

RESEARCH INTERNSHIP COMPLETION CERTIFICATE

This is to certify that **Mr./Ms. [Student Name]**, Roll Number **[Roll No.]**, enrolled in the **[Program Name]**, Department of **[Department Name]**, has successfully completed the **Internship for Developing Research Aptitude (IDRA)** during the Semester of the Academic Year

The internship was conducted under the supervision of **[Name of Faculty Mentor/Supervisor]**, from **[Start Date]** to **[End Date]**, with a total engagement of **60 hours**, as per the academic requirements.

The student worked on a research project titled:

"[Title of the Research Project]"

The student's work demonstrated commitment to academic inquiry and contributed to the development of research aptitude.

Date: _____

Place: _____

Signature & Seal

Mentor/Supervisor