

Internship Programme TIME SHEET

(to be filled by the students during their internship and the same is to be submitted to their respective Tutor

/ HoD on completion of their Internship)

Name of the student: EVELYN JOSE	<i>.</i>
Name of the agency: Absumya CENTRE Year 2019-	20

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No		Description of work	Time	Total	Signature of
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Certified that the above statements are true Date 15/5/19

Signature of the student

Remarks (if any) of the Agency Supervisor

Signature of the Agency

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