

**INAGURAL CEREMONY OF INTERNSHIP /APPRENTICESHIP (IA) PROGRAMME UNDER CCFUP(NEP)
COLLABIRATION WITH - BAJKUL MILANI MAHAVIDYALAYA,KISMAT BAJKUL,PURBA MEDINIPUR.
ORGANISATION BY- SRIRAMAKRISHNA GUCHHA SAMITY,KHAGA,NABA ANANTA PUR.PURBA MEDINIPUR
AFFILIATED BY - RAMAKRISHNA MISSION LOKA SIKSHA PARISHAD,NARENDRA PUR ,KOLKATA-103**

Trade	Time	Proposed Date												
Beautician	9.0 a.m to 12.0 p.m	25/06/25	30/06/25	7/7/2025	8/7/2025	8/7/2025	14/7/25	15/7/25	21/7/25	22/7/25	28/7/25	29/7/25	4/8/2025	
Electrician	9.0 a.m to 12.0 p.m	26/6/25	28/6/25	1/7/2025	3/7/2025	5/7/2025	8/7/2025	10/7/2025	12/7/2025	15/7/25	17/7/25	19/7/25	22/7/25	
Carpentry	2.0 p.m to 5.0 p.m	30/6/25	2/7/2025	4/7/2025	7/7/2025	9/7/2025	11/7/2025	14/7/25	16/7/25	18/7/25	21/7/25	23/7/25	25/7/25	
Food Processing	9.0 a.m to 12.0 p.m	1/7/2025	3/7/2025	5/7/2025	8/7/2025	10/7/2025	12/7/2025	15/7/25	17/7/25	19/7/25	22/7/25	23/7/25	25/7/25	
Tailoring	12.0 P.M to 3.0 P.m	25/6/25	30/6/25	2/7/2025	4/7/2025	7/7/2025	9/7/2025	11/7/2025	14/7/25	16/7/25	18/7/25	21/7/25	23/7/25	
Computer	10.0 A.M to 1.0 P.M	25/6/25	30/6/25	2/7/2025	4/7/2025	7/7/2025	9/7/2025	11/7/2025	14/7/25	16/7/25	18/7/25	21/7/25	23/7/25	

Kader
23/06/25
Secretary
Sri Ramakrishna Guchha Samity
Khaga, Naba Anantapur

-----<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	