

**SYNOPSIS ON INDUSTRIAL TRAINING**

SYNOPSIS NO. \_\_\_\_\_

For the period from \_\_\_\_\_

Name of company/Organization & Address \_\_\_\_\_

Department/Branch/Section in which training is going on \_\_\_\_\_

Training Timings \_\_\_\_\_ to \_\_\_\_\_

Lunch Break \_\_\_\_\_ to \_\_\_\_\_

Training Manager's Name & Designation \_\_\_\_\_

\_\_\_\_\_

Contact Phone (With Extension No.) Fax/ Mobile of the Student:

1) In the Company \_\_\_\_\_

2) At Residence \_\_\_\_\_

Whether Training is for 5 days or 6 days a week \_\_\_\_\_

Off Days \_\_\_\_\_

**SUBMITTED BY:**

NAME \_\_\_\_\_

STREAM \_\_\_\_\_

UNIV ROLL NO \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Date of Submission \_\_\_\_\_

