DEPARTMENT OF PHYSICS

R.C.S. COLLEGE, MANJHAUL

(A CONSTITUENT UNIT OF L.N. MITHILA UNIVERSITY, DARBHANGA)

BEGUSARAI (BIHAR) PIN - 851 127

Email ID : principalrcscollege@gmail.com | www.rcscollege.ac.in

Ph. : +91 8544513326

Ref. No. .....

Date .....27/06/2026.....

NOTICE

All the students of CBCS B.Sc.-Physics, Semester-V, Session 2023-27 are hereby informed that submission of internship completion certificate, project report and viva-voce examination has been scheduled as follows:

सीबीसीएस बी.एससी.-भौतिकी, सेमेस्टर-V, सत्र 2023–27 के सभी विद्यार्थियों को सूचित किया जाता है कि इंटर्नशिप पूर्णता प्रमाण-पत्र (Internship Completion Certificate), परियोजना प्रतिवेदन (Project Report) के जमा करने तथा मौखिक परीक्षा (Viva-Voce Examination) का कार्यक्रम निम्नानुसार निर्धारित किया गया है:

Date	Roll No.	Time
30.06.2026	**231043040001 to 231043040046**	**10:00 am to 1:00 pm**
	231043040047 to 231043040091	**1:30 pm to 4:30 pm**
1.07.2026	**231043040092 to 231043040126**	**10:00 am to 1:00 pm**
	231043040126 to 231043040160	**1:30 pm to 4:30 pm**

All the students are requested to

1. bring duly prepared project report, Annexure- II, III, V and self-declaration letter (विधिवत् तैयार किया गया परियोजना प्रतिवेदन (Project Report), परिशिष्ट-II, III, एवं V तथा स्व-घोषणा पत्र (Self-Declaration Letter) अपने साथ अवश्य लाएँ।)

Saurav Kumar

H.O.D

Department of Physics

158

ANNEXURE II

INTERNSHIP ACCEPTANCE LETTER

(on the letter head of the organization)

Letter No. Date:

To

_____(Student Name)

_____(Registration Number)

_____(Institution)

Dear Candidate,

We are pleased to accept your application and offer you internship at our organization. Our organizations satisfy all the requirements as provided in the "LNMU Internship Guidelines for Undergraduate Programmes).

We appreciate your interest in our organization.

Thank you.

Supervisor/Head IPO

(Signature and seal)

157

Annexure III

INTERNSHIP COMPLETION CERTIFICATE

(To be issued by the IPO on its letterhead)

This is to certify that **Mr./Ms. [Name of Student]**, S/o or D/o **[Father's/Guardian's Name]**, bearing University Registration/Enrolment No. **[Registration Number]** of **[Name of the Institution]**, Session **[Year]**, with Major in **[Subject]**, has successfully completed his/her internship with our organisation.

Internship Duration: From **[Start Date]** to **[End Date]**
Total Hours Completed: [Total Hours]

Internship Performance Assessment

During the internship, the student worked on [Briefly mention project/tasks]. Based on our observation and mentorship, we assess the student's performance as follows:

S. No.	Assessment Criteria	Rating (Outstanding / Good / Satisfactory / Needs Improvement)
1.	Technical Knowledge & Application	[Select Rating]
2.	Quality of Work & Task Completion	[Select Rating]
3.	Initiative & Problem-Solving Ability	[Select Rating]
4.	Communication & Interpersonal Skills	[Select Rating]
5.	Punctuality, Discipline & Professional Conduct	[Select Rating]

Supervisor's Remarks:

[Optional: Add brief qualitative comments on the student's overall performance, strengths, or areas for growth.]

Signature of IPO Supervisor/Head
Name:
Designation:
Organization Seal:

Date:
Place:

Annexure IV

FORMAT OF CERTIFICATE TO BE ISSUED BY THE DEPARTMENT

This is to certify that ..... (Student Name) ..... s/o or d/o..... bearing university roll no. ..... of programme ....., session..... has successfully completed his/her internship for a duration of .....hours from .....(name of the organization).

He/She has also submitted the report of the internship after successful completion of the internship.

Head of the Department

ANNEXURE V

COVER PAGE FORMAT

University Logo

Name of the Institution

Internship Report

Month and Year

Name of the IPO

Name of Student

Programme

University Roll Number of Student

Semester

Session

Signature of Students

07/3/26

07.03.2026

07-03-2026

07.3.2026

07-3-26

07.03.26

07/03/26

Seal & Signature of Internship Supervisor/IPO

07/03/2026

Anindya Sharma
07.03.2026